The
Visiting Nurse Quarterly
of Cleveland

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Editorials

I.

It is a tribute to the activity and thoroughness of organized charity that so sharp an issue is being raised as to whether the social worker or the visiting nurse shall supervise the social relief in the homes of the *sick* poor.

We regret to say that with few exceptions neither one of these workers seems to us as yet ideally fitted for this high service.

The great mass of evidence collected by organized charity, both medical and social, shows that sickness and ex-

treme poverty are well nigh inseparable companions, and that in tuberculosis we have perhaps the most perfect expression of this sad partnership. Indeed, we believe that the movement of preventive and constructive work in the interest of public health had its origin in the practical recognition of tuberculosis as a dual problem.

Those who contend that the social worker is better fitted than the visiting nurse, to deal with homes where there is tuberculosis, lay the stress on the social side of the problem. It may be that in some cases the collaboration of physician and social worker would fill the need, but in most instances the physician would lack the time and the necessary social training, and the social worker the necessary medical training to make their combined effort successful.

In the case of a home where tuberculosis has gained a foothold, it is hard to decide which factor—the disease or the degenerated social condition, needs the most skilled attention, in order to rescue the family from the condition we have sometimes called "submerged." However, we do know that no matter how poor a family may be, it cannot be attacked by tuberculosis except through the agency of a specific infection and the fight against this infection must be long, slow and, above all things, thorough, if the soundness of the family is to gain ascendency over the enemy in its midst.

The Survey of July 22, in an article on the subject, states that the fact that tuberculosis is a contagious disease does not alter the question of the fitness of the social worker to deal successfully with it. This surprises us because we feel that the communicability of consumption alters the question essentially.

We are far from contending that the majority of visiting nurses are at present fitted to exercise the office of relief agent in the homes where there is tuberculosis, but we very nearly agree with Miss La Motte when she says: "If we realize that in the perfectly equipped worker both sorts of training are essential, the only question is which of the two shall supplement her training by that which she lacks?

Shall the nurse add to her three years' hospital experience, a course of six weeks or one year in a school of philanthropy, or shall the social worker supplement her school of philanthropy by three years in a training school for nurses? It is simply a question as to which of the two shall do it—all things being equal, it makes no difference which."

We have to dissent just a little in spirit from Miss La Motte's statement of the case because she does not include among the assets of the social worker the four years college course which, as a rule, precedes her social training, and which, in some respects, offsets the advantage of the three years' hospital training with which the nurse is equipped. The nurse's training, we believe, is very much less often built upon the foundation of a college course.

If nurse and social worker are to be fused in one agent in the service of the sick poor, that agent, ideally speaking, should have a college training with post graduate courses in medical nursing, prophylactic nursing, and social relief. Such a combination would meet the very high requirements now demanded by an increasingly enlightened public opinion.

One very signal advantage of such a combined exercise of functions would be that the nursing side of the service would enable such an agent to perform actual manual service for the family she is trying to rescue from the snares of sickness and poverty. Such service is understood and appreciated by the most ignorant and lowly people, and the spontaneous unburdening of the heart and mind to a person who is taking the physical care of yourself or of your loved ones, would, we think, often direct one's efforts toward the wisest ends.

The nurse always enters a home with a gift in her hand —the gift of manual service—which establishes at once, if she so wills, a close human relationship between her and the members of the family. She can become almost integrally a working member in the family group if she is great enough to see her opportunity and to use it.

We realize that it will be some time before the college graduate, visiting nurse, and social worker can be fused into one individual, and in the meanwhile the only thing for the visiting nurse to do—if she is to keep abreast of her opportunities—is to supplement her hospital training by post graduate work in prophylactic dispensaries and by the study of social conditions.

The key to the homes of the sick poor was first of all given into her keeping, and it is for her to see that the privacy of such homes is protected from all unnecessary intrusion and that the human side of the family problem meets with the reverence and sympathy which we accord to the misfortunes of those whom we personally know and love.

The strictly impersonal attitude is we hold, a dangerous one and from this impersonal attitude the nurse is preserved by the nature of her ministration.

II.

Since we are on the subject of the hygienic and economic reconstruction of the home which has fallen prey to disease and poverty, let us once again express our hope that at no distant time all district physicians—to whom municipalities entrust their sick poor—be provided with prophylactic and social training as a requirement for the exercise of their profession in families where disease and poverty are inextricably enmeshed. The advisability of such post graduate experience for medically trained men who are to receive appointments as district physicians was strongly urged in the Visiting Nurse Quarterly January, 1911. Social dispensaries for the care of tuberculosis and of infant life, are now so well organized in many of our large cities that it ought not to be difficult for a municipality to insist that district physicians should conform to the same standards along these lines as are met by the agents who are salaried by private organizations. Indeed the obligation seems to us even greater, for the district physician's salary is met by taxation, and the work of the private organization is a gift to the community.

In Cleveland the men who chanced to have served in social dispensaries before receiving appointments as district physicians, together with the men who have remained in such dispensaries, have done work of such essential value to the city that it has forwarded in an extraordinary degree the whole movement of public health work in Cleveland.

III.

The nurse in the field is of necessity more independent than her sister in the institution or in the private home where her services are directly paid for by the people whom she serves.

The Visiting Nurse is in a certain sense a public servant with a public servant's freedom and the increased personal responsibility which such freedom brings. She exercises her profession primarily to earn her own living, but the exercise of this profession among the poor leads her into the midst of experiences which develop the altruistic side of her nature and broaden her interests.

She nearly always finds herself giving and spending herself willingly in the service of real need, and "overtime" has a special and often sacred meaning to her.

She does a great deal more voluntary service than anyone is aware of unless one watches the work closely.

We speak of voluntary workers and of paid workers, but it is often difficult to realize how many hours of voluntary service are given, and given willingly, by visiting nurses to the care of "their families."

She loses something of her submissiveness or subserviency because she is no longer part of a strictly hierarchichal plan and because as her experience increases she must more often think and act for herself.

She escapes the intensive influence of any one group of people because she goes in and out of many homes each day, and if she is deeply interested in her work for these perplexed human beings she will ponder over their troubles and such pondering will in time arouse within her the vague

prescience that only collectively can we be saved, and toward such salvation she does her part.

IV.

Beginning with the January number of the Quarterly the subscription price will be raised to a dollar a year. This increase in price is made necessary by the increased size of the magazine. We hope that none of the subscribers will leave us and that on the contrary, they will each try to get a new subscriber to send in, as a token of their approval of this change.

V.

News notices referring exclusively to the Visiting Nurse Association of Cleveland will be published in the January number of the Quarterly, which besides its usual material, embodies the Annual Report of the Cleveland Association.

Tuberculosis Work in Cleveland

HOW IT IS SUPPORTED, AND THE COST

I.—THE CITY.

1 Control and Direction of Department of Public Safety. Safety.

(a) Hospital for advanced cases, 102 beds.

(b) Sanatorium for early stage cases, 87 beds.

A new Sanatorium, costing $250,000, with a capacity of 250, is being erected.

No case is admitted to the Sanatorium without being first examined in one of the tuberculosis dispensaries.

The county pays the city $1.00 a day for every case taken care of in either institution.

2 Control and Direction of the Department of Health.

(a) Division of Tuberculosis in the Health Department for the purpose of registration of all cases of Tuberculosis.

5152 cases on record at present time.

(b) Superintends through the sanitary force the disinfection of all cases.

(c) The operation of three dispensaries. Each dispensary confines its work to a definite district, and is manned by a physician, 2 to 3 nurses and a clerk of clinic.

(d) City Laboratory, for free examination of sputum.

(e) Supplies nurse in charge of Day Camp.

II.—PRIVATE CHARITY.

1 The Anti-Tuberculosis League controls and supports

(a) One Dispensary, co-operating with the Board of Health: 1 volunteer physician and 4 nurses.

(b) Nurse for Special Case Committee work.

(c) Tent Colony for Tuberculosis children, open the year round; capacity 31; 2 nurses.

Open Air School in connection with the Camp; teacher supplied by the Board of Education.

(d) Day Camp; capacity 35; nurse supplied by the Board of Health.

(e) Educational work—Lectures, distribution of literature; contributes to support of Neighborhood Health Campaign.

(f) Furnishes limited amount of milk and eggs through the Associated Charities.

2 The Children's Fresh Air Camp.

Preventorium for anaemic and predisposed children; capacity 50 (will be in operation soon).

3 The Associated Charities.

(a) Material relief, on recommendation of the tuberculosis dispensaries.

(b) Temporary lodging for homeless consumptives.

III.—COMBINED MUNICIPAL AND PRIVATE CHARITY.

1 Five Open Air Schools under control and direction of joint committee from the Medical Inspection Department of the Public Schools, the Anti-Tuberculosis League, the Federation of Women's Clubs, the Fresh Air Camp Association, the Board of Health.

2 Neighborhood Health Campaign, with the following twelve organizations interested in the health of the home co-operating in the building and placing of a combined exhibit, and the carrying on of intensive educational work in the various neighborhoods of the city:

The Visiting Nurse Association.
The Anti-Tuberculosis League.

The Babies' Dispensary and Hospital.
The Board of Health.
Play and Recreation.
Consumers' League.
Home Gardening.
Society for Promoting the Interests of the Blind.
Maternity Dispensary of Lakeside Hospital & W. R. U.
Department of Medical Inspection.
Rainbow Cottage.
Cleveland Maternity Dispensary Association.

SUMMARY:

One Hospital for advanced cases	112 beds
One Sanatorium for early cases	87 beds
One Sanatorium for children	31 beds
One Day Camp, all stages, capacity	35
Total	266

—Nurses—

Supported by city	9
Supported by Anti-Tuberculosis League	7
Total	16

—Dispensaries—

Supported by city	3
Supported by League	1
Total	4

—Open Air Schools (five)—

Yearly amount spent by Board of Health	$16,000
Yearly amount spent by League	14,000
Yearly amount spent by Associated Charities	2,500

To the physicians in the City Dispensaries $50.00 a month is paid for five clinics, each averaging 1½ to 2 hours.

The nurses are paid from $60.00 to $100.00 per month.

THE HEALTH DEPARTMENT

R. H. Bishop, Jr., M. D.

June 1, 1907, may rightly be said to mark the beginning of the Division of Tuberculosis under the Health Department of the City of Cleveland, for on that date the notification and registration of all cases of tuberculosis was made compulsory. For a period of three and one-half years, the work of the department consisted merely in keeping a card catalog of the cases reported by private physicians, the City Laboratory and the one Tuberculosis Dispensary then in operation. It was not until the fall of 1910 that sufficient funds were voted by the City Council to enable the establishment of a separate division, whose whole duty should be the development of tuberculosis work.

With the establishment of this Division, with its director and an office force, and the subsequent development of three tuberculosis dispensaries with nurses and paid physicians, a big beginning has been made towards the centering of all of the tuberculosis work of the city in the Health Department. In no other city in the United States is the tuberculosis work so nearly centralized in the Health Department as it is in Cleveland.

The work up to the present time has been mainly in checking up and sifting out all the dead cases and out of town cases from the files, so that an active file, giving only the known cases in Cleveland at the present time may be had. As a help in this work a city census has been taken in which blanks were sent to all physicians and hospitals in the city, asking for a report of cases under their care. At the present time the Department has a record of 5,152 known living cases.

The principal sources of information in regard to tuberculosis cases is as follows, and the number of cases reported through each source since active work was begun is given:

SUMMARY OF REPORTS FOR JUNE, JULY, AUGUST AND SEPTEMBER.

	June	July	Aug.	Sept.
Number of cases reported by:				
Private physicians	37	23	38	144
Tuberculosis dispensaries	55	46	91	84
Warrensville Sanatorium	13	8	18	11
City Hospital	39	41	35	117
Private hospitals	5	3	13	9
Bacteriological Laboratory	57	45	49	47
Other sources	5	14	7	15
Number of cases previously reported to the Board of Health	48	69	70	229
Number of new cases reported to Board of Health	163	112	179	198
Number of cases reported for disinfection	131	110	113	133
Number of deaths from tuberculosis	80	55	65	64
Number of cases not previously reported to Board of Health	14	18	28	18
Number of cases having tuberculosis but having been reported as dying from other diseases	0	1	0	2

Attention is called to the large percentage of the dying cases that are being supervised either by private physicians or the dispensaries as shown by the fact that the case is on record at the Department. When a case is reported by a private physician, by postal card, telephone or laboratory opinion, an acknowledgement of the receipt of that report is always made, and with this acknowledgement literature is sent to be given to the patient, and a return card, with the name and address of the patient on it, to be returned to the department when the case leaves the physician's care.

On all report cards and sputum blanks is the statement that "All cases of tuberculosis reported to the Department of Health will be visited by a nurse from this department unless otherwise requested by the physician." This puts the Department on the offensive rather than on the defensive in the handling of cases. In case, however, the physician has

had no opportunity to express his disapproval of a nurse calling, as would occur when the case is reported over the telephone, his permission is asked. With very few exceptions, the physicians are glad to have a nurse call, and every effort is made to co-operate with the physician in the handling of the case.

One feature of the work which has met with the very decided approval of the physicians, is the sending of a nurse to the home when a tuberculosis patient has died, to assist and instruct the family in the disinfection and renovation of the home. A municipal fumigation plant is badly needed to aid in this work.

All cases of tuberculosis discovered in the general dispensaries in the city, are referred to the tuberculosis dispensary in the district in which the patient lives and the Department is notified; the dispensary, in turn, is notified, and a nurse is sent to the home.

Factories, department stores, and business houses are coming to make use of the department by referring cases to the dispensaries for examination and diagnosis, and the evident willingness on the part of the management to give financial assistance in the care of these cases, is a most hopeful sign and a field for great endeavor.

The educational work up to the present time is limited, on account of funds, but it is hoped that this end of the work can be developed a very great deal. Tuberculosis and bad housing go hand-in-hand, and the establishment of a Tenement House Department under the Board of Health has aided greatly in increasing the thoroughness and effectiveness of our work.

The Board of Health, on the recommendation of the Division of Tuberculosis, recently ordered the forcible detention in the City Hospital of an unruly case. Such action must, necessarily, be taken with caution at this time, but it marks the beginning of the development of a phase of our work which will be far reaching in our end results.

THE DISPENSARIES

The plans for the establishment and development of the dispensary system is one of the most important parts of the Cleveland plan for the relief and control of tuberculosis.

Since the municipality has come to the rescue and provided funds for the support of the work, this particular feature of the work has developed rapidly, and three new dispensaries have been opened during the past year. The district plan is being developed and the city has been carefully divided into four districts, with a dispensary located in each one. Cases are only treated at the dispensary to which they belong. This plan prevents cases wandering from one clinic to another. It enables the nursing force to do more intensive work in each district, and the value of the dispensary from an educational standpoint is much enhanced, because the people come to feel that the dispensary, with its corps of willing workers really belongs to them, and they depend upon it more than they did when there was but one central dispensary.

The functions of the dispensary may be said to be:

(1) To provide a place where all classes may come and be examined, and a diagnosis made.

(2) To provide medical treatment for those who are too poor to afford a private physician.

(3) To provide supervision of cases in their homes, and through co-operation with other charitable organizations work out the problem of the home care of the cases which cannot go to a hospital or sanatorium.

(4) To act as guardian of the health of the inmates of a home in which there has been tuberculosis.

(5) To serve as a clearing house for sanatorium and hospital.

(6) To educate the general public.

Only those who are in direct contact with all phases of the work can realize how difficult it is to keep the dispensary work up to the highest point of efficiency.

The paying of physicians for their time in the clinics has been a big factor in improving the class of work done, and has enabled us to secure the services of men who are competent and interested in the work. A weekly meeting of each separate dispensary force is held, and each case on the active list is carefully considered and planned for. In addition, a weekly meeting of the entire nursing force is held, and after a series of informal talks on tuberculosis, the work of allied organizations is studied; and speakers from the Associated Charities, the Department of Health, the Settlement Houses, and the many other social organizations have been the means of broadening the views of our nurses and have been instrumental in improving the character of the work done.

There is too great a tendency on the part of the nurse to fall into a rut as the result of the necessary routine. In the rush of the clinic work it is impossible for the physician to consider every phase of the home life of his patients which may have a bearing upon the handling of them, and heretofore the nurse has not been made to feel that she, more than anyone else, is responsible for the handling of the cases.

We are holding our nurses responsible for the handling of every individual case which comes to our clinics. By thus making the nurse responsible, the interest in her work is increased and much better results are obtained. If the problem presented is one that will take more time and energy than the busy dispensary nurse can give, then it is referred to the Special Case Committee.

During the year July, 1910 to July, 1911, the ten nurses then doing tuberculosis work made 29,552 calls.

But figures alone are misleading as to the actual amount of constructive work that is being done. A careful study is being made of the character of the work being done, and in another year we will be in a position to present figures which will show definite, tangible results for each visit.

In addition to the following of the cases that are termed "dispensary cases," all cases reported to the Board of Health

by private physicians or the City Bacteriological Laboratory are visited, unless the physician requests that no call be made. Homes, where a death from tuberculosis has occurred, are immediately visited, with the consent of the attending physician, and the family carefully instructed in regard to the disinfection, and a quiet search made for possible new cases.

All dispensary families are visited at intervals of from two to three months over a period of two years after a death from tuberculosis, and the sociological history is not complete until every member of the family has a dispensary number after his name, showing he has been examined.

The value of the dispensary as a clearing house for the hospital and sanatorium is unquestioned. At the present time no case can be admitted to the sanatorium unless it is first examined by the dispensary and found to be a suitable case.

As in every large city, we have difficulty in obtaining hospital accommodations for our advanced cases. One thing is certain, and that is, that the accommodations and care given this class of case must be improved in order to insure our cases remaining there after they have once been admitted. The large percentage of our ambulatory advanced cases would gladly spend their time in a hospital, if conditions were attractive, and they felt that something was being done for them.

The value of the dispensary, from an educational standpoint, is hard to estimate. The following figures showing the number of cases examined and under the care of the dispensaries will give some idea of the educational work being done.

Year July, 1910-1911.

Total number of new cases.....1807
Total number of individual cases.....2312
Total clinical attendance.....6832

THE OPEN AIR SCHOOL

J. C. PLACAK, M. D.
In charge Tuberculosis Work, Public Schools.

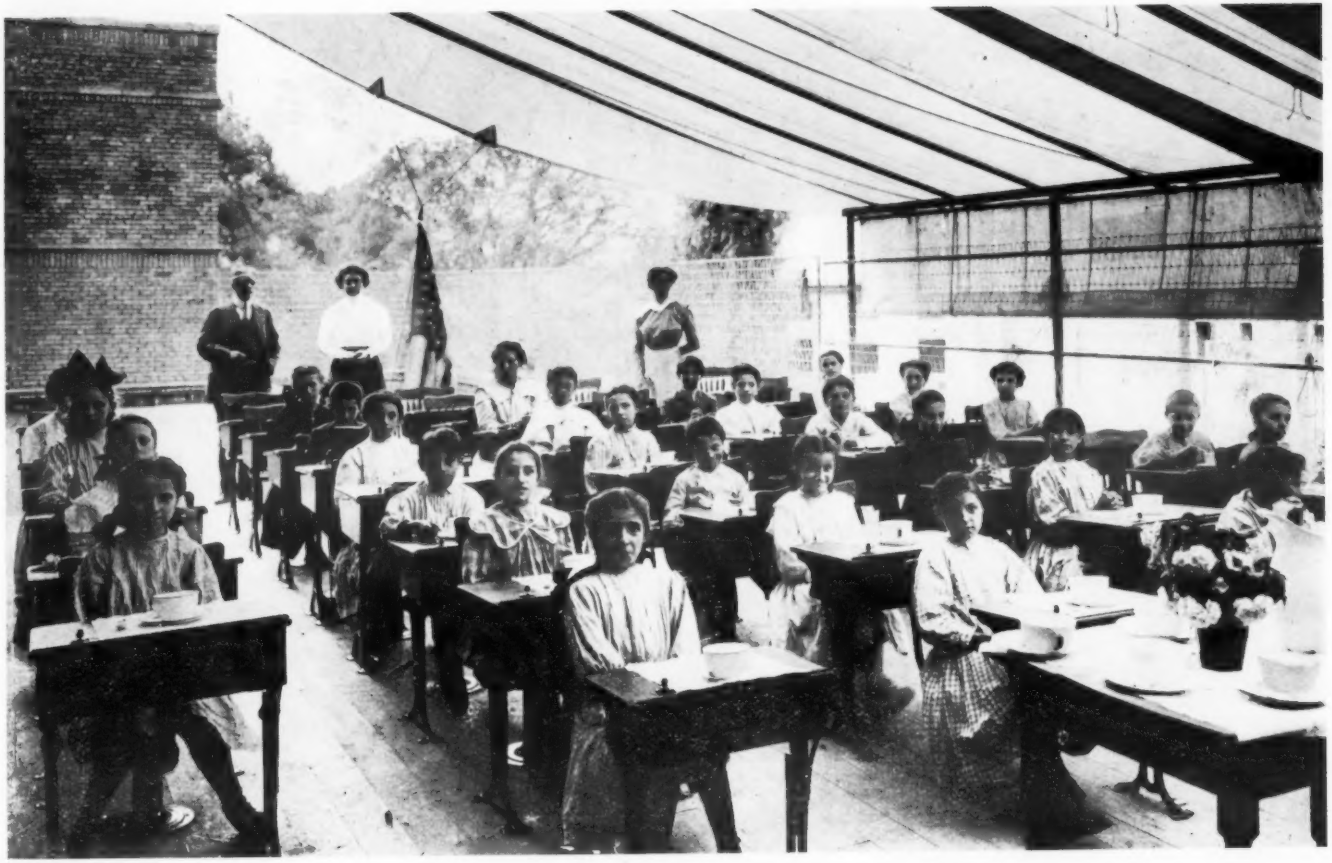
Not until the past few years was the child considered as a factor in the fight upon the great white plague. The possibility of childhood being a period in the fight was not even thought of. Great sums of money and energy were expended in building sanatoria and in the prevention of tuberculosis in the adult. It has taken a number of years for us to learn that by prevention, and by prevention alone, can we curb the onslaught of this disease which claims more victims than war or any other disease, and that this prevention must start with the child from birth and be kept up until that child has reached adult life. The establishment of fresh air schools for the care of the tubercular child, and the so-called pre-tubercular, will mean an enormous stride toward checking the disease. Heretofore only cases of bone, joint and gland tuberculosis were treated individually as they arose. The possible reason for this was the difficulty in eliciting the fine physical signs which existed and were necessary to find in order to establish a positive diagnosis of the disease. The work on the tuberculin reactions has aided us considerably in determining an early diagnosis in the child. Autopsy reports have shown that the disease occurs more frequently in childhood than we at first supposed. Albrecht of Vienna found evidence of tuberculosis in 1060, or 33 per cent. in 3213 autopsies on children under 12 years of age—the youngest case was a two-weeks old baby. Steiner and Neurettes found in 320 autopsies on children lymph glands affected 299 times. Relliet and Barthez 249 times in 312 cases. In 92 of my own autopsies evidences of tuberculosis were found in 65 cases.

These astonishing figures only prove to us that the child is frequently affected; its care during the childhood period should not be lost sight of. Careful and numerous routine examinations have shown that affected lungs and bronchial

glands are comparatively common in the child. The frequency of infection both latent and active at this period of life brings us face to face with the problem of how to handle these unfortunates and prevent the disease from becoming rapidly progressive in later life.

Germany, like the pioneer she has been in many problems which concern humanity, was foremost in establishing the open air schools. The first school was established in the town of Charlottenburg, a suburb of Berlin, in 1904. A large number of backward children, who were about to be transferred to special classes, were carefully examined and were found to have anaemia and signs of incipient tuberculosis. This condition of affairs brought together the school physicians and educators, with the result that these children were put into the open air and took the cure while they were being taught. The results of this experiment were so marvelous that very shortly numerous schools were established in different parts of Germany and the continent. The fame of the open air schools of Charlottenburg spread to the United States, with the result that several schools were established in the East.

The credit and honor of initiating the first open air school in America belongs to Providence, Rhode Island. In January, 1908, the school authorities of that city remodeled one of their school rooms so as to convert the ordinary four-sided room into one of three sides, leaving one entire side open to the air. In this room, in the dead of winter, they began to teach a class of children selected by the school physicians. The class of children constituted the so-called type of "anaemic" or "pre-tuberculous." The children wore their out door wraps, they sat in warm sitting-out bags, and on cold days had warm soap stones at their feet. They were fed at intervals during the day and were allowed to rest at certain times between studies. The success of this experiment can be judged by results obtained by examining the blood for the percent. of haemoglobin. After five months the haemoglobin average had increased from 74 per cent. to 84 per cent.



MURRAY HILL OUTDOOR SCHOOL

"THE CHILDREN SAVED FROM TUBERCULOSIS TODAY ADD TO THE STRENGTH OF OUR NATION TOMORROW"

Similar results have been obtained in cities where the open air schools have been established; in every case weak, pale, poorly nourished and sickly children have been made strong, healthy and better able to cope with the problems of life. One remarkable feature has been noticed, and that is that the child's capacity for learning has been almost doubled. If only for economic reasons, the open-air school would pay for itself many times over. Many children who had previously been a drag to the other members of the class and a tremendous strain upon the teacher, have forged ahead, even surpassing their normal associates. The putting of these children in such physical condition and keeping up their resistance to such a high degree that their latent infection will never become an active one, is the end which we must strive for in this great problem. The prevention of the child developing tuberculosis at the time when his or her value to the community is the greatest, would mean a saving to that community of a sum which would reach far into the thousands of dollars. Better is it to spend a few dollars in prevention in childhood rather than wait and spend thousands in its cure in adult life.

The same problem which confronted the pioneer cities in establishing open air schools confronts us today in Cleveland. Through the generosity of our Board of Education, its Medical Inspection Board, Anti-Tuberculosis League, Federation of Women's Clubs and several other civic bodies, the open-air school in Cleveland has come to be a realization. That these schools are absolutely necessary, can be seen by passing through some of our school rooms.

The same plan, with many minor changes, will be followed here, as in other cities. Careful watch will be kept of those children who come of tuberculous parents or those who have been in contact with cases of tuberculosis, by repeated examinations and weighing. The positive tuberculous child will be excluded from school and referred to the proper institutions for his care,—this will prevent any infection in the class room. Only those of the anaemic and pretuberculous type will be cared for in the open-air school.

The nurse will follow these cases into the home and supervise their diet and give such instruction as may be necessary to bring up their resistance and put forever a quietus upon the lurking infection. The children saved from tuberculosis today add to the strength of our nation tomorrow. This is a worthy work, one in which all should take part for the results which will be obtained will be most gratifying.

THE TENT COLONY—A SANATORIUM FOR CHILDREN

A. F. MASCHKE, M. D.

With the advent of winter, the Tent Colony for tuberculous children had, year after year, been forced to close. The children were returned to their homes, most of them much improved as a result of the four or five months' treatment during the summer time, but a large percentage of them returning the following spring in bad physical condition.

The fact that so many of the children were each spring applicants for re-entry convinced those in charge that the period of treatment was not long enough, and also that the winter months were the very months that the child should have the care of an institution such as this. In fact, if the camp had to be closed at any season of the year, the time to close it was during the summer, for during that season, in spite of the hot weather in the city, the average child in our poor districts is under much better conditions than during the winter. There is better ventilation in the homes, windows and doors are kept constantly open, there are no hot, stuffy school rooms, and the child is, for the most part, out in the sunshine and air, even though it may be that the air is full of bad odors and smoke.

At any rate, it was decided one year ago to make an experiment with winter work and to keep the camp open. There was rejoicing on the part of the children. There were grave difficulties ahead though, in making a summer

equipment do service for winter work, and it was only the martyr-like devotion of the nurse in charge and the ready assistance of the employees of the Children's Fresh Air Camp that made it possible.

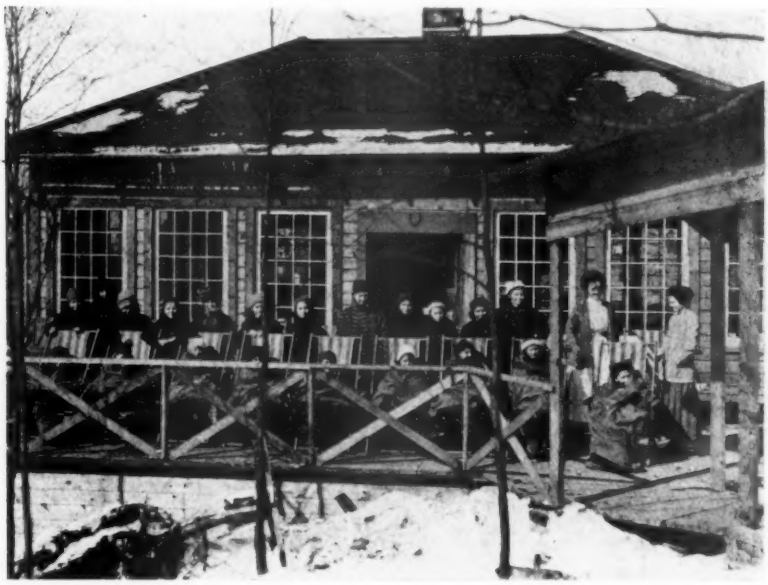
By the addition of a large play-room, which has a wide veranda, affording ample space for play, rest periods and school, a great many of the difficulties were overcome. But there were bound to be wet, rainy days, when the children must be kept from getting soaked. Then, too, the warm dressing room space was most limited, and the children

"SUCH APPETITES AND SUCH RED WHOLESOME COMPLEXIONS COULD NOT BE DUPLICATED ANYWHERE."

were forced to undress and prepare for bed in the warm bath rooms, then run through the cold and the wet and the snow to their tents and bed. But what, at first glance, seemed a hardship, turned out to be the greatest fun and amusement of all. And these youngsters throughout a long, cold winter, every night, crawled into beds, that were in tents, without heat, and they scorned such extras as hoods and felt slippers and mittens. Each bed was supplied with

extra thickness of heavy brown paper, to keep the wind out, and there were plenty of blankets. Each child wore a suit of warm woolen underclothing under woolen pajamas, and there was no complaint at any time.

During the day each child, boys and girls alike, wore the Mackinaw suits, no caps and no mittens. There was only one child who had a cold during the entire winter. Such appetites, and such red, wholesome complexions could not be duplicated anywhere.



"THERE WAS ONLY ONE CHILD WHO HAD A COLD DURING THE ENTIRE WINTER"

Of the 71 children who have been cared for at the camp since October 1, 1910, 20 have been discharged cured; 10 discharged as improved, and 13 unimproved—these stayed such a very short time that no improvement was possible. Seventy-three per cent. of all those admitted were in the first stage of the disease, 20 per cent. were second stage cases, and 7 per cent. advanced or third stage cases. The average length of stay is 4½ months. The greatest gain was 6½ pounds in three weeks. It is usual that a big gain like this

will take place in the first month and then the gain will be much slower. The gains during the winter months and the summer months were about equal. For instance, during the six months from November to the latter part of April, the gain for 30 children was 152.5 pounds, an average, per child, of five pounds. During the balance of the year 41 children gained 222½ pounds, an average of 5.4 pounds.

The cost of maintenance varies slightly from month to month, but has averaged about 47 cents a day, per child. This includes every item of expense.

It is to be hoped that the time is not far distant when we shall have a sanatorium which will accommodate 100 tuberculous children, and that we will have a preventorium for that great class of anaemic and predisposed children who will eventually develop tuberculosis unless something is done to help them increase their resistance. The work with children gives promise of the largest possible returns.

THE CLEVELAND PLAN—THE SPECIAL CASE COMMITTEE

BELLE SHERWIN

Originally designed to relieve the Tuberculosis Dispensary from the burden of cases which required an exceptional expenditure of time and effort, this committee has developed a less clearly forseen usefulness in connection with other institutional agencies in the anti-tuberculosis campaign. During the past year the most encouraging result of the work of the committee has been its ability to prepare patients to take advantage of the institutional care offered by the city or philanthropic organizations, and to conserve for other patients the benefits of institutional care already received. It has thus become an important link in the Cleveland plan, preventing waste of institutional effort, as well as saving the patient.

The simplest form of its work in preparing a patient for entrance to an institution has been to offer to pay rent

upon condition that the wage-earning patient gives up his employment at once, and takes the first vacancy at the recommended sanatorium. More experience, skill and force is required to keep the patient at Sanatorium or Day Camp, satisfied that the standard of living in his home has not been lowered by his removal from it, contented enough to get any real benefit from fresh air, new diet and new habits of rest and exercise. Just as often as this is done, economy is ensured to the institution and the probability of arresting disease increased.

Mike Kohlsaat has been hardly prevailed upon to go steadily all summer to the Day Camp and take his pale little daughter, Lizzie, with him. Fear that the rest of the family would have too little to eat kept him uneasily on the point of going back to his job. Gradually the summer's experience proved to him that he could rely upon the nurses' promises of food and clothing for Fritz and John and Ella, even when his wife's earnings fluctuated. He is ready this fall to go to the Warrensville Sanatorium.

The committee's plan in his case was based on a good prognosis and the first stage of tuberculosis. The report, "second stage, poor prognosis," is usually met by a prescription of good home care and isolation of the patient. That was the recommendation when Big Mike Probek came to the committee in March. He seemed too sick to warrant any other plan even if there had been any place for him outside his home. But in April he was improving week by week and before the last of May he was in condition to go with first stage cases to Warrensville, where he is still gaining. The committee is more than justified in undertaking a share in the support of his family for a few months more, now that a benefit fund has just expired.

Unsuspected physical strength came to the rescue of Big Mike. In the case of Maude Harriat, youth and the serious interest of her church to help her, tempted the

committee to venture sending her to the country for two months, though "second stage" was written ominously on her chart. Excellent board and bedside care in a country home known to the committee did wonders for her. No one could have proposed Warrensville for her in January, but early in April she was able to go there and begin at once a history of continuous improvement.

Opportunity to take a quick risk in the care of a Special Case is less frequent than the necessity for persisting—even months—in urging patients to leave their homes. "Keeping on" is the classic phrase of the committee and the cases whose records repeat it many times above such an entry as "closed October 21, 1911, because the patients went to the Tent Colony to stay until they are well and their mother is satisfied now" are cases which the committee counts as milestones.

Giovanni and Giaconda Sforza, who went to the Tent Colony the twenty-first of September, came to the care of the committee before Christmas, both first stage cases, both unquestionably candidates for the Colony, children of a tuberculous father dying at the City Hospital Sanatorium, and a panic-stricken mother unable to give them proper care. For four months they waited for vacancies in the tents while their mother insisted upon work which left her children, four and six years old, uncared for at home. When Giovanni had bronchial pneumonia and later Giocanda a pleurisy, she tended each a few days.

Then their father came home. Before his numbered days were ended, the vacancies at the Tent Colony, long desired by the committee, were suddenly offered. Not unnaturally, the children's mother refused to let them go just then, and struggled through a month of mourning for her husband before she consented to part with them. Three weeks without them were all she could bear and one day she seized them with passionate affection and hurried them out of the breezy June sunshine back to the dark home, where the air hung stale and heavy and where

she grew less and less able to take care of them. Grief and dread of losing them preyed upon her.

Once again, in July, Giovanni and Giaconda enjoyed a brief snatch of life in the hillside tents and once again were borne back home. Over and over again nurses and other good friends tried tenderly yet forcibly to help the exhausted mother help her children. Through misunderstandings and closed doors and finally through the intervention of Judge Addams the desired goal was reached, nine months after the first steps were taken to approach it.

Because these were children, we dare hope the nine months were not so perilous a loss of time as has proved to be the case in far less than nine weeks unavoidable delay in getting adults into fit surroundings. Time, large measures of it, has been required in the cure of some of the committee's children, but while they are children there is hope. In several instances in the past year, the committee has reason to hope with assurance for the future of its little patients.

Mary Companari, a rosebud of a girl, four years old, spent the summer of 1909 at the Tent Colony and when it was closed for the season became a ward of the Special Case Committee in her own home—no fit place to live. Neither persuasion nor trips with the Special Case nurse to airier, brighter neighborhoods, nor offers of help to increase the family's earnings, won Mary's father and mother to move. The next spring, however, they consented to send her—their only child—back to the Colony, and more—let her stay there a full, round year. In April, this year, the Colony physician pronounced her a cured case, and said she ought to go home, if the Special Case Committee could guarantee a good home environment. It could not then, but Mary's return was absolutely conditioned upon moving to a really good location. The inducement of the little daughter's rosy companionship—and one dollar a month to meet the increased rent—pre-

vailed. By the end of May the family was well established on a hill outside the city, the very spot for a rose to bloom, and this fall, the dollar for rent is no longer needed.

The committee has had a longer history of responsibility in the care of eleven-year-old Jim Nolan between Tent Colony seasons. When the nurse reported in April that Jim also could leave the Colony, the committee protested against allowing him to go to either of his uncles, his sole guardians. The court insisted. The nurse made the best possible arrangements with the most promising uncle and Jim went to live with him the middle of May. Instead of the promised sleeping porch, Jim slept in an inside room, only ventilated through another sleeping room. His second uncle refused to do anything for him. Jim lost ground and became again an applicant for the Tent Colony. It was August before he could be readmitted, but in the meantime the committee said "I told you so," in the right place, and Jim went back with the assurance of the court that he should only leave the Colony when he was well, for a permanent good home in the country.

If Jim's case serves as a warning and a precedent, and children can be guarded from returning to dangerous home surroundings, a part of the problem of the committee in caring for patients who have been dismissed from institutions will have been solved. Each Special Case is reported back to the committee when the patient leaves the institution to which he was sent by the committee, and every effort is made to adjust the patient to the life of the family or group to which he returns.

But nothing as difficult as providing proper living conditions and work for arrested and cured cases presents itself, now that it is possible to force the segregation of highly dangerous patients. For a man, now and then, light, outdoor work can be found and all goes well if he can live at home as he learned how to do at the sanatorium. For such as have

no home, where to live is a serious and may become a desperate question. For women and young girls there is less suitable work and certainly no less despair in securing suitable places to live in.

More understanding of these needs, more information about the means taken to meet them all over the country, more generous provision to meet them locally, must be had, if the work already done in this community is to be conserved, not lost.

THE DAY CAMP

EDNA B. PERKINS

The Day Camp for tuberculous patients is by no means an original idea in Cleveland; it has been successfully carried out in several cities, notably in Boston, where a large camp is maintained both summer and winter. The work is still in its infancy here, as our camp was first opened in an old house on the corner of Superior and Ansel avenues, in July, 1910. The project was started by a small committee of women to whom the Anti-Tuberculosis League suggested the idea and whose efforts it backed with both money and service. With so novel a notion as that of benefitting tuberculous patients by providing a place where they could spend the day out of doors, with medical attendance and nourishing food, but return to their homes at night, this committee had an educational campaign on its hands which made the raising of even a small part of the necessary funds an uphill struggle. Nevertheless, so enthusiastic were all concerned over that brief and troublous first season that plans were soon made for the second, on a more pretentious scale. The committee was enlarged, more money was raised—not much, for faith was still weak—and the Day Camp laid out as it now stands.

The Camp is located on a beautiful piece of wooded land fronting the Lake, the use of which was given by Mr. R. R. Rhodes. Here stands a large house-tent (18x38 ft.)

containing a kitchen, dining room and porch. This tent is set up on a wooden frame, with a door back and front, and windows at the sides. The dining-room is entirely open on both sides, from two feet above the floor to the roof. The whole is thoroughly screened and has proved in every way satisfactory. Back of the kitchen is a small tent for supplies, with a fly projecting over the large ice box, donated by Mr. Fred Snyder. Next to the supply tent is the wash tent, containing separate towels and basins for each patient, and an Allen Filter, with a water cooler. Another tent is appropriated for the use of Dr. A. N. Dawson, the attending physician. Here he examines the patients daily upon arrival, keeps records of the cases and has on hand all necessary medical supplies. An emergency tent, with two beds, is kept always in readiness in case of sudden sickness, or the possible contingency of some patient being unable to leave at night. Happily, this tent has, so far, never been needed. A phonograph, with many records, given by Mr. A. S. Nickels, occupies another tent, where are also kept games and such books and magazines as are given to the Camp by friends. Two other tents, connected by a large wooden platform, serve to shelter the patients in wet weather. Several of these small tents were donated by the Board of Health. The platform was built to provide a place for chairs off of the ground, which is sometimes damp. All these tents, and that set aside for the care-taker, are connected by board walks. The effect of the semi-circular arrangement among the trees is very attractive.

Every effort has been made to have the Camp as sanitary as possible, both for the instruction of the patients and for the protection of the neighborhood. There is running water in the kitchen and wash tent, brought 800 feet from the street, in inch pipe, laid over the ground. Drains made of loosely joined four-inch tiles, laid in a trench a foot deep, carry away the water from the two sinks. The outhouses are constructed on the model of the Marine Hospital sanitary privy, so that no contamination is possible from them. The garbage is buried daily at some distance from the Camp,

THE DAY CAMP.

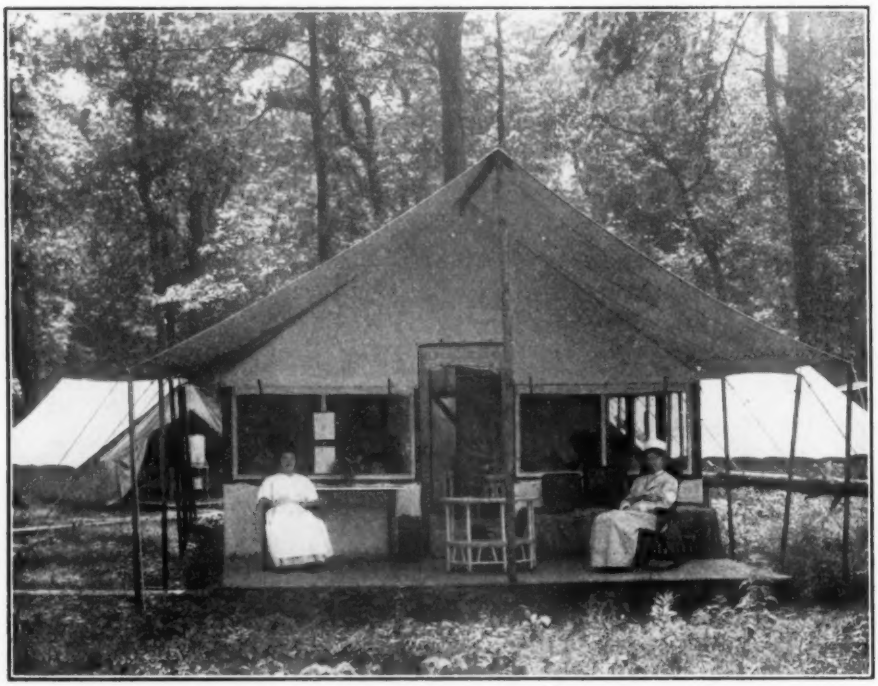
"A REST HOUR IS INSISTED UPON BOTH MORNING AND AFTERNOON."

so that, with the exception of the wash water, nothing is discharged into the Lake. The washing is done on the place. The paper napkins and sputum cups used by the patients are collected in a large wire basket and burned in that basket every night. These precautions, combined with cleanliness and care in the protection of food, have completely prevented the fly nuisance, so that even this source of infection, so difficult to regulate, has not been serious.

The furniture, which is of the simplest, is partly left from last season, partly donated, and partly purchased. A gasoline range has done good service. Another one-burner gasoline stove, with a wash boiler on it, serves as a sterilizer for the dishes. Two long tables made of planks, and many stools, fill the dining room. A few chairs and tables, a locked cabinet for medicines, and the beds in the emergency tent, complete the general furnishing. In addition, each patient has a reclining chair, a woolen blanket, and a collapsible drinking cup. Provision has been made for thirty patients. This entire equipment, including plumbing, lumber, hardware, dishes, tents and telephone, cost $845.82. This sum cannot, however, be fairly counted against this one season, for it represents a permanent working capital for future years.

The Camp employs as cook, Annie Fekette, at $20 a month. She and her husband, a Warrensville patient, on the way to cure, live on the grounds, thus acting as care-takers. To Steve Fekette, an expert carpenter, the Committee owes many thanks for both time and money saved. The Camp is in charge of Mrs. M. E. Jones, who has been a large factor in its success. Besides being an extremely efficient nurse, she has overseen the housekeeping, ordered supplies, enforced the rules, and maintained discipline among the patients. Patients, both men and women, are received only from the tuberculosis dispensaries. They come at eight o'clock, are examined, receive a meal of milk and eggs, and then rest in their chairs. A rest hour is insisted upon both morning and afternoon, during which no one is allowed to walk about, talk, or even read. Dinner is served at twelve-

thirty. Fourteen menus were arranged at the beginning of the summer, with the assistance of Dr. Dawson, with a view to obtaining the most evenly balanced and nutritious diet. From these Mrs. Jones chooses, varying them slightly to suit the season. Meat, potatoes, one or two vegetables and desert are served. Another meal of milk and eggs is given late in the afternoon. The aim is, to feed the patients abundantly,



THE EMERGENCY TENT.

as that is an important part of their cure. A quart of milk and two eggs, besides the mid-day meal, is the usual ration. The cost per patient for food, including gasoline to cook it, and ice to cool it, has been about 25 cents a day. Reckoning in salaries, laundry, car fares (which are sometimes paid), napkins, etc., it amounts to 38 cents per patient per day.

The time when the Camp must be closed is now ap-

proaching. Already it is possible to know about what the summer has accomplished. The total patients up to September 1st has been 82, with an average attendance of 18. The records show a marked improvement in all the cases; six patients, too ill to be admitted to Warrensville, can now go there.

We have also made a beginning in preventive work, which we believe will prove to be the most useful aspect of the Camp. The dispensaries sent several patients who

DINNER AT THE DAY CAMP.

showed either an extremely mild type of the disease or who were merely suspected cases. After a short stay at the Camp these patients were all greatly benefited and able to return to their work. If such preventive work could be developed at the Camp it would be not only a great saving of suffering, but also a large economy to the city.

Another result of the summer work is the education which the milder cases have received. It is impossible for them to be so great a menace to others, or so ignorant of

how to care for themselves as they were before coming to the Camp. The Day Camp is an expedient. It is a cheap way to care for a few from among the thousands for whom Cleveland as yet makes no provision. With an equipment such as ours now is, a small additional expense can bring the capacity to 50 or more. With gradual additions, the Camp can grow. Perhaps, in time, it will become a year-round camp. Then there can be no question, as there now appears to be in the minds of some, of its enormous usefulness. It is able to accommodate five times as many patients as a sanatorium, for the same maintenance, to say nothing of the first cost. There is no doubt that the patients improve and that they and the community learn much which makes for more healthful living.

THE NEIGHBORHOOD HEALTH CAMPAIGN

STARR CADWALLADER

A Committee, composed of representatives from twelve organizations dealing with matters of public health, was organized in the early part of this year which prepared an exhibit and placed it in six different sections of the city during April and May. The object of the Committee was to conduct a systematic health campaign, emphasizing the importance of community attention to the promotion of public health; showing some of the relations which ordinary methods of living and working bear to health; giving information concerning the work of the various agencies represented in the exhibit, explaining how these agencies could be helped and used to best advantage.

The organizations represented were:

The Babies' Dispensary and Hospital.
The Visiting Nurse Association.
The Anti-Tuberculosis League.
The Board of Health.
The Public School Medical Inspection.
Rainbow Cottage.

Maternity Dispensary of Lakeside Hospital.
Cleveland Maternity Dispensary Association.
Society for Promoting the Interests of the Blind.
The Consumers' League.
The Home Gardening Association.
Play and Recreation.

The exhibit consisted of fifty wall panels and a number of floor models illustrating, simply and forcibly, the results of disease and bad sanitary conditions, together with suggestions for overcoming the one and avoiding the other. In each locality where the exhibit was shown it was explained to all visitors and was supplemented by lectures.

The localities in which the exhibit was placed were:
The Central Friendly Inn.
Corner of Woodland and East Ninth street.
Antioch Baptist Church, Central avenue.
Council Educational Alliance.
Broadway and East Fifty-fifth street.
The Goodrich Cottages.

In each locality interest was aroused through the co-operation of neighborhood committees. During the six weeks of actual exhibition 9,000 people visited the exhibit and 7,000 attended the lectures.

The results obtained were such that the committee was convinced the exhibition should be continued during the coming year. Plans have been made accordingly. The committee proposes to enlarge the exhibit itself and has provided for a more thorough explanation of its meaning. The committee also hopes to broaden the scope of its campaign so that it may further all the efforts for better health conditions in the city, and afford a means of publicity on health and sanitary matters which shall be very generally helpful.

"THE MODEL HOUSE"

ISABEL W. LOWMAN

At the time of the Ideal Home exhibit in Cleveland the Anti-Tuberculosis League was given generous space for an exhibit which should engage itself to expose no unsightly

feature. The committee in charge accepted the space and met to consider some form of exhibit which should be at one and the same time useful and good looking. They decided to build a pretty little house and to equip it with all manner of furnishings and utensils which would keep the house clean and keep the dust down.

A little white picket fence in front of the house was to give it just that touch of aloofness which would make people want to go into it.

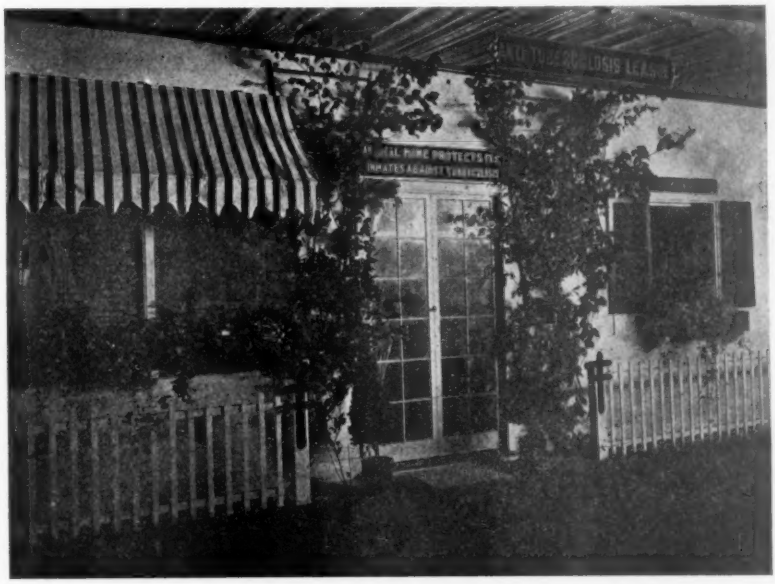
The "trap" was to be baited with flower boxes, growing vines, little green shutters, glass doors and other exterior charms. The architect on the committee most good naturedly offered to see the scheme through, and the beauty side of the question was wisely left to him.

Four large mottoes—gilt letter on maroon colored board—were prepared to hang on the exterior walls: "Build for Maximum Sunlight," "Build for Maximum Air," "Keep Your House Clean," and over the doorway somewhat under the vine (for the beauty lovers sometimes got the upper hand), was the master sentence: "The Ideal Home Protects Its Inmates against Tuberculosis."

When the house was up and standing, all the furnishings were ready to place.

The little house had a vestibule hall, with kitchen opening to right, bedroom straight ahead, and off the bedroom a sleeping porch for the member of the family who had tuberculosis. Over this hypothetical personage the committee had much discussion. One faction contended that the ideal home must have lapsed considerably from hygienic rectitude in order to have an inmate suffering from tuberculosis. The other faction felt that the "tuberculosis house" (as we came to call it) missed its big opportunity if it did not show the public how you could "isolate the disease without isolating the person." Finally the whole committee agreed to the creation of the tuberculous member of the family and with great zeal the beautiful screened porch was rimmed with exterior flower boxes. Awnings were put in place, a bed on wheels was procured; rubber blanket to protect bed from

rain; lying out wraps; paper bag for sputum napkins; and all the essentials by which the sputum could be destroyed while still moist, and without coming in contact with anybody or anything. The committee finally became enthusiastic over the porch, but when it was suggested that a lay figure be brought and put in bed the preventive measure faction revolted, because they felt that, as the well members of the



"THE IDEAL HOME PROTECTS ITS INMATES AGAINST TUBERCULOSIS."

family were to be imaginary, it was not fair to let the sick one get on top, as it were, and dominate the whole business.

The bed-room was a charming little affair.

Hygiene was not allowed to turn Beauty out, but then, Beauty had to be just as wholesome as possible.

The mattresses and pillows were actually covered with washable cotton slips, though the beds were made up with the daintiest coverings in the daintiest coloring possible. The fact that the washable slips were in place was announced on a card standing over the bed.

The floor and walls were finished in a way by which they

could be washed, the furniture was white, so that no dirt could lodge unnoticed on it; the rugs were washable. Everything was washable or "scrubable." White cards painted with mottoes in large, clear black letters, warned one not to brush personal clothing or footwear in the house, but to take it out on a porch, on a fire escape, into the open air, so as not to send street dust (often contaminated dust) flying over walls, floors and furnishings. Other mottoes told one to keep windows open night and day, not to lay wraps or parcels on a bed, to brush teeth three times a day, etc.

The room was always pretty, and every day fresh flowers were brought to add to the brightness and bloom of this pretty interior.

The kitchen was "the laboratory where the health of the family was to be compounded."

Unfortunately the house space was too limited to allow a special place for general household utensils, so they had to stand around the kitchen. But the kitchen had a terrano floor, with rubber mats to relieve the strain of standing at sink and in front of ice box. The window was directly in front of the sink, so that the cook could look out, and, as often as possible, escape the sense of being house-bound. The committee hunted up the best filter it could find. Mural cards recommended the sterilizing of all milk not certified. There was a fireless cooker to assure the proper cooking of cereals for early breakfast and for the protection of the housewife's time.

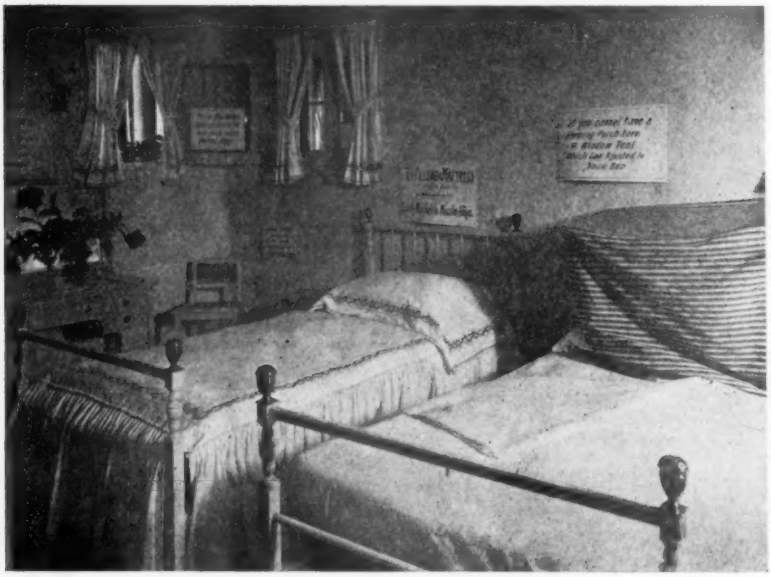
The peril of the fly was emphasized. Two large flies made of metal with isinglass wings, were put in conspicuous positions. An underground garbage receptacle and garbage receptacles with fly catchers, were exhibited. Dustless dusters, vacuum cleaners, soft brushes, preparations for laying the dust before sweeping, were put about. Tables with sanitary tops stood in convenient places.

The House Committee wanted a lay figure to be sitting out shelling peas or paring potatoes, under a trellis, somewhere outside, so as to visually suggest that all work which it is possible to do out doors should be done there. But of

"THE KITCHEN IS THE LABORATORY WHERE THE HEALTH OF THE FAMILY IS COMPOUNDED."

garden space there was none, and the cook could not be squeezed between the picket fence and the house wall, so she, too, had to remain in the limbo of dream figments.

Last, but by no means least, wall cards proclaimed that no foods to be eaten uncooked should escape being washed. Attention was called to the fact that grocers, and confectioners touch all manner of bread and cake stuffs, fruit and candies with their hands, and on these hands there are very frequently tubercle bacilli. It was urged that they be forced



"HYGIENE WAS NOT ALLOWED TO TURN BEAUTY OUT, BUT THEN BEAUTY HAD TO BE JUST AS WHOLESOME AS POSSIBLE."

by public opinion to use tongs, pincers and shovels in packing food into paper or box packages. Attention was called to the butcher who handles first meat, then money, turn about, or who handles chipped beef, sausage or meats to be eaten uncooked.

Two trained nurses and two committee members were on duty all morning, afternoon and evening for two weeks, in the "Model House." They had to serve in relays, for the house was crowded with visitors all the time. Thousands of

people visited it and so many questions were asked that committee members and nurses alike were kept actively busy while on duty.

When the Ideal Home Exhibit closed, such parts of the little house as could be moved—the glass windows, doors, window frames, little green shutters, window boxes and little white picket fence, were taken out to the Children's Tuberculosis Tent Colony and there set up, installed and equipped to accommodate five children and a nurse. This was done by the Ladies' Club of Conneaut. The movable part of the exhibit was given to the Neighborhood Health Campaign.

One rather important detail which I have failed to mention is that the little house had to be thoroughly cleaned every day, sometimes twice a day, in the morning and just before the evening session. Food stuff had to be renewed, flowers in the inside changed and regular care given it in all its detail to preserve its cleanliness and attractiveness.

It was a great care and a very great pleasure from first to last.

Red Cross Christmas Seal Sale Campaign in Ohio—Results in 1910; Plans for 1911

S. Livingston Mather

During the fall of 1910 a committee was organized in Cleveland, with the idea of enlarging and organizing the Red Cross Christmas Seal Campaign so that the funds collected could be concentrated under one management and some definite work started throughout the State as a whole.

Heretofore the seal sale had been conducted through scattered agencies in various cities and the proceeds used to aid the local work, and in many instances the proceeds were so small that it was hard to see any tangible results.

The plan was adopted of handling the State sales through the Ohio Society for the Prevention of Tuberculosis. It was then too late in the season to adopt the plan throughout the State, the National Red Cross having already appointed agents in a number of places, namely, Cleveland, Cincinnati, Columbus, Toledo, Marietta, Mt. Vernon, Canton, and Delaware County, but the agency for the balance of the State was secured.

The agreement with the National Red Cross at Washington was that 12½ per cent. of the total receipts from the seal sale was to be remitted to it, and after defraying its expenses in connection with the printing and distributing of the seals and advertising matter, the balance was to be given to the National Association for the Study and Prevention of Tuberculosis. The Ohio Society, therefore, decided to handle the seal sale in two ways—

1. To give to city and county societies the exclusive right to sell seals in their territory, they to retain 75 per cent of the proceeds for local work and remit the other 25 per cent to the State Society, said society then remitting 12½ per cent. to the National Headquarters, retaining the other 12½ per cent. for State work.

2. In such districts as were not covered by local societies, agents remitted the full proceeds to the State Society, which society remitted 12½ per cent. to the National Headquarters.

(Note: Some of these agents under this second heading had territory assigned to them, and some were store-keepers or bankers who only sold the seals at their places of business).

The sale for 1910 in Ohio, throughout the territory not assigned to city agents direct from Washington, covered 769 towns and cities. Several of these cities, however, had surrounding territory assigned to them, and we have no detailed record of such sales. The total number of towns and cities in the State where the seals were sold we estimate exceeded 325. The total receipts from the 1910 seal sale throughout the State amounted to $37,235.27, distributed as follows:

Canton	92,094
Cincinnati	1,220,184
Cleveland, including the proceeds from towns and cities which did not receive seals direct from Washington	2,020,295
Columbus	220,000
Delaware	18,066
Marietta	23,363
Steubenville	111,935
Toledo	37,590

The Ohio State Society for the Prevention of Tuberculosis has been appointed agent for the entire State for

1911 and all applications for sub-agencies will be handled through it upon the following terms:

1. Societies for the Prevention of Tuberculosis will be given the agency for their territory, with the privilege of retaining 75 per cent of the gross receipts for their local work, the other 25 per cent going to the Ohio Society, which will, in turn, remit half, or 12½ per cent of the total, to the National Association for the Study and Prevention of Tuberculosis.

2. All other agents will remit their entire receipts to the Ohio State Society, which will retain 87½ per cent for State work, remitting the other 12½ per cent to the National Society as usual.

Applications for agencies, and all orders for seals should be addressed to "S. Livingston Mather, Chairman, 501 St. Clair avenue, Cleveland, Ohio." It is expected that the seals will be ready for delivery early in November, and applications for agencies should therefore be made at once.

The Government postal authorities have found it necessary to be very strict this year in their ruling that the seals be placed only on the backs of mail matter. The particular attention of all agents is called to this, and agents are urged to give this most important point wide publicity.

The ultimate aim of the Ohio State Society is, to aid in organizing as many local societies for the prevention of tuberculosis as may be necessary to cover the State. Some of these will be city societies, some county societies, and a few covering two or more counties.

Group Dangers in Tuberculosis*

JOHN H. LOWMAN, M. D.

It is now generally accepted that tuberculosis is a disease that results from the life and activity of a germ in the human body. Whether the disease is mild or severe depends on the virulence of the germ and the resistance of the body, hence we must always have in mind two things in the consideration of the subject, viz: the germ and the body, or the seed and the soil.

Until the tubercle bacillus was discovered by Robert Koch in 1882 all was confusion. Much was known, but the facts were not correlated and their interdependence and relationship not understood. Some diseased processes were supposed not to be tuberculosis that are now known positively to be so because of the presence of the germ. The infectious character of the disease is understood, its degree of contagiousness is better known and it is also known in what part of the human family the seed is most abundant. In fact all the conditions that surround the disease are better appreciated now that the germ, which is the seed, can be seen, collected and studied. The life history of this germ has now become possible and our contemplation of it has poured a flood of light on the entire subject.

The germ itself is microscopically small and when dry can be carried here and there on particles of dust with great facility. It has its origin in man, in whom it grows with great luxuriance. Hence the great source of infection is the man who has tuberculosis. Thus our study must be the consumptive, if we want to trace the trail of tuberculosis through a community. I cannot refrain, however, just here from digressing from the line of argument long enough to point out the fact that there are controllable contagions and uncontrollable contagions from the standpoint

**Address delivered at Engineer's Building, Cleveland, Ohio, Oct. 10th, before Ohio State Federation of Labor in Annual Convention.*

of the infected individual. Smallpox, measles, scarlet fever, are uncontrollable contagions and those affected by these diseases must be absolutely isolated or their associates will in great numbers contract the disease. Typhoid fever and tuberculosis are controllable contagions. A fever patient by careful management is not dangerous to his attendants, and the consumptive who is well trained and careful in destroying the sputum reduces the danger to his associates to a minimum. This we know from the conduct of the bacillus under restraint.

Since the seed is the immediate cause of the disease and of the spread of the disease, we must control the seed and prevent its scattering itself broadcast over the land; if we do this we control tuberculosis. Naturally, therefore, much time has been given to this aspect of the question and many of the agencies used in the campaign against tuberculosis are means that prevent the scattering of the seed.

Wherever the germ is there is a center of infection. The three main laws for the control of the disease are based upon this fact. These laws are, first, to discover the centers of infection, second to stamp out these centers, and third, to prevent them from re-forming (Koch's laws). If these three laws could be enforced, tuberculosis would cease to exist upon the earth. It is well worth while, therefore, to consider how this can be accomplished.

The enactment of a statute is much more easy than the enforcement, especially when this enforcement involves a disturbance of the customs, habits, rights and powers of a people. Unless one proceeds with caution the public will revolt and the statutes be null and void.

A center of infection may be a single individual. A group of infected individuals makes a larger center. The larger the group and the closer the association, directly or indirectly with the sound in health, the greater their danger to the community. Two infected bakers who handled the bread as it came from the oven started an epidemic of tuberculosis in Berlin. The bacilli that gathered on their hands as they coughed, were transferred to the bread. Now,

all bread in that city must be wrapped in paper by machinery and never touched directly by hand. You will immediately make the natural inference regarding all foods that are not cooked.

Hot water should be dashed over all fruits—oranges, lemons, apples, peaches that are to be handled and eaten uncooked. The skins of these are not eaten, but no one knows through whose hands they have passed. Confections and cakes should not be moved by the hands of the salesmen but by instruments. Thus this question becomes largely one of personal hygiene. Everyone should think of these things and protect himself and his family wherever possible by personal care and cleanliness. It will be years before a nation will come to the consciousness of this and not regard it with amusement not a little akin to ridicule. But nevertheless, the race that has the highest sense of personal hygiene and follows most strictly sanitary laws will be freest from tuberculosis.

Consumptives group themselves in different places. Certain sections of a city, certain wards, blocks, tenements, houses, flats, families are known to harbor more cases than other spots in the city. There may be other causes for this than contagion, but these are not necessary to dwell upon now. You will find more cases among certain groups of men and more in some classes of society than others, and more at certain ages than at other times of life, all of which shows that there are certain states and conditions of men in which the infecting centers are more numerous than in others. Thus when you touch one group, say the stone cutters, or emery-grinders, you know that you will immediately come upon numerous centers of infection. We are thus led to study man in his various activities in order to find where lie the greatest dangers, and to protect him and abolish the centers whence proceeds the increasing infection.

From 40 to 50 per cent. of the deaths among workingmen result from tuberculosis. This varies in different countries. In Sweden it is 52 per cent. Some trades give a higher per cent. than others. Those trades where the men

are exposed to sharp dust, such as file-grinders, show a very high mortality. Those where there is crowding in small quarters, like cigarmakers, also give a high mortality. Those trades in which the men are exposed to irregular living and the temptations of alcohol, such as bartenders, also show a high mortality. Wool-pickers and carders, brass polishers, also suffer. Seamstresses and housemaids show a great mortality, but probably from other causes than dust. From families living in one room more cases of tuberculosis are reported than from families living in two rooms, and from families in two rooms more cases are reported than from those living in four or five rooms, and from those living in few rooms more are reported than from those living in their own house. This increase is explicable on the basis of overcrowding. Tuberculosis is also associated with poverty. As the scale of wages diminishes the mortality increases, and when poverty is reached many causes, such as lack of knowledge, absence of cleanliness, unhealthy living, under-feeding, overcrowding, and only too often alcoholism, all bring their deadly influence to bear so that in this lowest and most abandoned stratum of society there is a holocaust which carries off the great majority.

All groups in which men form themselves, confer their own peculiar advantages and dangers upon their members, and when anyone enters a group he is immediately a participant in the favorable and unfavorable conditions of the group.

Suppose a young man of twenty is a student and then becomes a stone-cutter, his risks of contracting tuberculosis are immediately increased 50 per cent. A woman, the head of a comfortable household, who by a reversal of fortune becomes a housemaid increases her risk of tuberculosis 50 per cent. A young man who leaves a school at eighteen and becomes a plumber increases his risks of tuberculosis by 20 per cent., and one who becomes a brass polisher increases his risks 30 or 40 per cent., and no matter what trade he enters he increases his risk on the whole 20 to 30 per cent.

The reasons for these extraordinary facts do not lie in

the trade conditions alone, nor in the effort that the prosecuting of the trade demands, but in the opportunity which the assembling of the members of the group offers for the spread of the infection from one infecting center, i. e., one infected individual that has slipped into the group. This would be easier in some groups than others—glass blowers, for instance, or when the men were too closely crowded, or where the dust is too freely raised.

In a good well-aired carpenter shop, containing many workmen, the men might work for years without coming in contact with a single case of tuberculosis, but if there should be introduced one infectious case who spat upon the floor, and if the dust should be raised occasionally by dry sweeping, it would not be long before there were other cases. In a room in Paris where 20 clerks worked, 50 per cent. contracted the disease, probably from one case. It is exceedingly difficult to detect the infected members of the groups. The member does not know for many months that he is sick. This makes a difficulty in enforcing our first law, viz: to discover the infecting center where the seed is first planted. The only method is by inspection.

A Harvester company in Chicago has recently introduced this system of inspection. It employed a visiting nurse and a physician to go through the factory. As the nurse would approach a foreman he would usually say that there were no sick men in his department. Intelligent questioning would, however, bring out the fact that certain good men were not as efficient as formerly, did not do as good or as much work as formerly, were occasionally absent, or had been given lighter jobs, possibly through favoritism or more cogent reasons, as age or time of service. The nurse, with her experienced eye, would see these men from a totally different standpoint from the foremen, and if she suspected their health to be the cause of their changed conduct or appearance, she would report them to the physician. In these particular Harvester works, 32 were examined, of whom 16 had tuberculosis. The company is now building a cottage with 10 beds at a sanatorium at Naperville, for the

treatment of those in their employ who have tuberculosis. That is one way of detecting the infecting centers. Before any marked effect is made upon the mortality of a great city there must be general factory inspection. But the good effect of efficient inspection of one factory only must be apparent to everyone.

The great encouragement in this anti-tuberculosis work lies in the fact that the isolation of one case is sure to protect several of his associates. Although this may not show to advantage in statistics, one realizes that it must be true. The curve of mortality will not fall until this one case is multiplied by hundreds, so vast are the numbers with which we have to deal.

Another group of infections is among the children and youth of the country. The mortality among women has diminished very greatly, that of men also very much, but not so much as that of women. The mortality of children has remained unchanged and some think has even increased. Why this is so is not perfectly clear except that the same consideration has not been given to children or the same special work done among them (except in France), until the last few years. The mortality among children increases rapidly at the school age and at the fifteenth year is about 16 per cent. Association in larger groups than are found in the household must be one explanation of this. I would hold that the work and discipline of the school are not responsible for this but that some accidental condition in the grouping of the children is the cause. There is a great tendency to uniformity, both mental and physical, in mass teaching. The tendency of the curriculum is to bring everyone to a dead level, and the miscellaneous mixing of children of all physical conditions must have a similar tendency with their bodies. Until school inspectors watched very closely the acute eruptive diseases widespread epidemics of measles and scarletina were frequent. And when we realize that these acute infections are the touchstone of the health of the children the average health of the child in the public school must have been lower. Whooping cough claims the

most deaths in the first year of life, then measles and scarlet fever take the first place until the ninth year, when tuberculosis has the greatest mortality. The school inspectors have never been able to detect early tuberculosis in children. This disease, although the most dangerous for the child from the ninth year on, has therefore, been practically neglected. Consequently many centers of infection in a place where they would be very productive of evil have not been recognized, but have been left to work their deadly leaven unrestrained, with the result that the mortality of the disease has gradually increased. This whole question of the child and school inspection is most involved and difficult of solution. To exclude a delicate child from school is often to do him harm. The discipline, regular hours, school associations, airy rooms, and baths, and the aid of a sympathetic teacher, together with the mental growth and development which come from his school life, are of great value to him. To turn him on the street is to ruin him, or at least to retard his development. It certainly is a wise procedure to investigate the school children from the standpoint of tuberculosis. What to do afterwards or coincidentally with this investigation must be considered later on.

It is the duty of the municipality to collect all the information possible and register every case of tuberculosis that is discovered by the inspectors. Such information is confidential and is used only by the health department in an official manner. Notification of tuberculosis is becoming more and more general in the cities. Reports come from physicians, hospitals, public institutions, dispensaries and city laboratories where sputum is examined. These reports are becoming more and more accurate, so that here in Cleveland 80 to 85 per cent. of those dying of tuberculosis have been previously reported.

The importance of these reports is very far-reaching. They show the various infected groups where the disease is increasing and indicate the strongholds against which the forces for diminishing the disease should be directed and where they can be directed to the best advantage.

The same thing is done in any swift epidemic, like cholera, smallpox or yellow fever. The rapid spread of the disease in such instances calls out the combined efforts of the hospital marine, quarantine and public health authorities. The principle, however, is the same as that advocated in tuberculosis. First, discover the cases, for from one case of contagion others will in all probability develop.

The efficiency of compulsory notification is shown by the correspondence between the death certificates and the previous notification of a particular individual. If the notification fails in 15 to 20 per cent. of the cases, it is still effective. Leprosy was brought under complete control by supervising only 30 per cent. of the total number. The percentage of controlled cases varies with the virulence of the contagion. In a smallpox epidemic every case should be watched, but in the tuberculosis epidemic, control of 50 per cent. of the cases would probably cause a gradual reduction of the disease. It may, therefore, be stated that the conditions of Koch's first law have been reasonably well fulfilled in many places. The protected spots are, however, everywhere surrounded by larger districts in which notification is not required by law, consequently new and unrecorded cases are constantly slipping over the border. The failure to secure compulsory notification is usually due to faulty administration. There is no deep prejudice against it in America. In New York, where the pioneer work was done, it took seven years—from 1887 to 1894—for a vigorous health board to overcome the first opposition. Since then the New York plan has been the model for the world in health administration.

Having once discovered the cases, the second law, namely *stamp them out*, becomes operative. There is only one way to enforce the second law, and that is isolation. This is its real spirit. But isolation is manifestly impossible with a million human beings. That alone would seem to make it inoperative and merely an idealistic expression, without real meaning. But isolation of course, means destroying the

case as an infecting center, that is making it non-contagious. This can be done by controlling the sputum.

Thus since tuberculosis is a controllable contagion, you may have four classes of the disease: the advanced cases of the disease that cannot be managed, the early and arrested cases that can be taught, and the closed cases that are non-contagious.

The first class, late, open, advanced, careless or irresponsible non-controllable cases should be isolated in hospitals, institutions or homes, according as they are in a position to affect others. A parent with several children should be in a hospital.

Curable cases should be permitted to go to a sanatorium for four or six months.

Arrested open cases, in fair health, should be taught how to render the sputum harmless, and thus isolate themselves as contagious by isolating the sputum.

The closed cases, early and arrested, that are non-progressive, should be under inspection and care.

You will see at once that there are many cases that can circulate among their fellows, many that can be taught to protect themselves and many others that should be in a sanatorium, and, fourth, many that should be permanently isolated in a hospital.

In discussing this question of isolation, we must remember that isolation of every case, as I have already stated, is not necessary in tuberculosis in order to get a reduction of the mortality of the disease. The percentage lies between cholera, where every case and every suspect should be isolated and leprosy, where only 25 per cent. of isolation, or even partial isolation, is needed. Probably an isolation of 40 per cent. of the cases of tuberculosis would rapidly reduce the mortality rate.

Of this 40 per cent. in America, 25 per cent., or 100,000, die every year. They must have immediate care; of the rest, 50 per cent. or 200,000, can be supervised by the State and private associations through the agency of the Visiting

Nurse. The remaining 25 per cent., or 100,000, are incipient, unrecognized or independent cases.

That it is perfectly feasible to supervise this large number is apparent from the local conditions here. In our Cleveland municipal institutions there are places for 200 patients. With the new sanatorium at Warrensville, there will be places for 350. These 350 beds will care for 1,000 patients annually, for the average time of residence is four to six months. The dispensaries supervise 2,000 walking cases. Thus there are 3,000 cases cared for here out of a possible 6,000. Cleveland's population is about one two-hundredth of the total population of the nation. Multiply 3,000, the number cared for here by 200, our fraction of the total, and we have 600,000.

What has been done here can be done everywhere. In some cities more is already done; in some less. The rural districts and small towns are less active in combatting the disease than the cities. Cleveland may be taken as a high average. But on this basis we have a factor of safety of 200,000. These figures, all will understand, are estimates, but they are responsible estimates and should teach us that official contact with each individual patient is not only possible, but highly probable. The chief discouragement in this whole movement has been its immensity. It has seemed to many to be impossible to do more than pass over the outside and leave the gnawing, fermenting kernel untouched.

The machinery that is necessary includes municipal and private hospitals for advanced incurable cases, municipal and private sanatoria for curable, early and moderately advanced cases; and dispensaries for the supervision of the cases in their houses. Around the hospital, sanatorium and the dispensary many subsidiary philanthropies group themselves, such as clubs for assisting the family when the wage-earner is away; clubs to provide necessities of life, such as coal or food—principally milk; clubs to provide blankets and clothing; children's aid societies, to take the sound children in emergencies; fresh air parks, and many large co-operative agencies that are wise, large-hearted and indirectly anti-tu-

bercular in their aim. With a complete organization and effective administration of all these co-operating means, any community could elect to stamp out a large proportion of the tuberculosis that lurks in its midst.

Our third law contemplates measures that will prevent the infection centers from reforming. It must concern itself largely with the soil, that is, with the predisposed, enfeebled body—with the insulted body, as our French colleagues put it. It also is concerned with the questions of prevention and disinfection and the creation and enforcement of sound sanitary laws. Tuberculosis thrives in the feeble body. There is usually a period of weakness which precedes the final outbreak. The treatment consists mainly in a long period of rest in the open air, with good nutrition, and a fair climate with skilfully devised, graduated walks and exercises during convalescence. This regime would build up almost anyone. There is no specific treatment of universal acceptance. The aim seems to be to change the soil to a degree that the seed will not grow in it. There have been many limited experiments on ways of living made among school children, students and factory operatives that prove this same proposition. When any one class of citizens cannot specialize itself it should be assisted. This is especially true of the home. Cleveland is not a tenement house city, as is Cincinnati, for example. That probably accounts for the fact that the mortality from tuberculosis of the latter is more than twice that of the former town. The avarice of landlords and the desire of the foreign population to live in the center of the city makes the tenement house problem one of the greatest difficulties. Liverpool, England, has built 24,000 houses for the working class to replace a very vicious system of tenements. The public welfare movement of Liverpool has been very far-reaching, and this improvement in the homes of a large class of citizens peculiarly affected by over-crowding, has been a great factor in the reduction of tuberculosis and also, in conjunction with a regulation of the milk supply, has brought about a great reduction of infant mortality. Manchester, Sheffield, Cologne

and Copenhagen, have also built sanitary suburbs and in Copenhagen the new part is the most attractive and salubrious of the entire corporation. In New York this form of improvement has been attempted, but every effort has been forestalled by real estate speculators buying up the land and raising the price beyond the ability of the welfare promoters to meet. How far social and how far paternal efforts should go will always be a question. There is the individual unit and there is the social unit. Each has its own force and both are necessary. The true balance of the individual force and the social force is what philosophers have always tried to determine. What the individual should do alone, and what he should do collectively, will be a never-ending problem. After the Greek thought lost its influence and the people grew tired of thinking, they literally turned themselves over, soul and body, to the princes of the Church and State, and accept ready-made codes of morals and government for their guidance. Everything was patriarchal. Governments controlled all great movements, then with the renaissance and the reformation, came the individual revolt and the development of the idea that the individual must evolve from his inner consciousness his character and moral life, and this idea has persisted and grown. But there are many things that will never be done unless done collectively; a mass movement against tuberculosis is one of these. But the enforcement of this third law—prevention—must come largely from individual effort, personal hygiene, personal regard for sanitary law, and orderly living. A government cannot change the habits of a people. This change is a matter of growth.

Trades unions strive for shorter hours, an equalization of labor, as if the prosecution of the trade was harmful to their members. Many parents and teachers even criticize the schools, as if the curriculum was too voluminous and fatiguing. The work alone does not harm the workman, nor does the school work hurt the scholar. It is the obstacles in the prosecution of the work, the accidents surrounding it, that do the harm. If a consumptive did not slip into

a brass foundry and spit on the floor, the brass workers would not get tuberculosis. If the cigar makers would have larger, lighter, better ventillated quarters, and not sit opposite one another when they work, their mortality and morbidity, as well would be reduced, and this has already been proven by the cigar makers' union. As a rule it is not the labor, but the unsanitary conditions in which the labor is followed that reduces the vitality. If we pursue this course of reasoning along other than strictly physical lines we find the same laws operating.

It is not the drama that degrades. It is the unholy associations and surroundings which often accompany its production which call forth the invectives of the pulpit. The drama should elevate humanity. It was intended to elevate it.

It is sometimes difficult, so intricate are all the social questions, to analyze the situation and discover where the abuse is. But so long as a portion of the community prefer to yield to their appetites, emotions and passions, just so long will a large mass of humanity suffer bodily decay and become predisposed to tuberculosis and be easy victims for it. A strong appeal should be made for public and personal hygiene.

In this connection a word regarding the psychic value of beauty in cities is not amiss:

We have not learned to make our cities beautiful and to provide museums and galleries, concerts and opera for the people. Those that live at the dead level of a sickening mediocrity need something to bring them out of their apathy. We beautify our suburbs with parks and lakes, but the city itself is becoming less and less wholesome and less and less attractive. The great mass must live in the city, and the masses need the psychical impulse that comes from seeing well-ordered and beautiful things. I have often felt that with many of the experiments made in groups of children that attempt to show that the regulation of the eye, the teeth, the exercise is the important thing in the life of the child, that it was the mental influence that came from specializing

the child that brought the benefit. He is put on a pedestal. Many observe, many are interested in him. He is given a special thing to do and does it and is rewarded. Many of these experiments become involved psychological processes. And so with a nation. It is not one thing that will lift them up to the level where they are safe against tuberculosis, but countless things, and the great mass of them the individual must do for himself. In the great tuberculosis movement the first step, that is, the detection, must be an official one, but individuals can assist. The next, the seclusion, must be a collective one, for large funds only build many sanatoria. The third step, health, must be largely individualistic.

From a survey of the whole matter it seems to me that we are approaching a solution of the problem. Its immensity will no longer paralyze, nor its confusion confound us. Order has come out of chaos, and it is clear what ought to be done and how it ought to be done, and it only remains to act. There will be mistakes, miscalculations and leakages as in any business, but experience will from year to year, diminish them. The work will unquestionably progress until the mortality from tuberculosis has diminished to a point perhaps necessary in our modern civilization.

There are well-defined grounds for the hope that tuberculosis will ultimately be controlled, even though it may not vanish, for there is in mankind a vigorous immunity against it.

Many scientists find at autopsy the remains of a cured tuberculosis in the human body. Some place the proportion very high and there is a great variation in the findings of various men, but a conservative estimate puts it at 60 per cent., that is 60 per cent. of those who die from non-tuberculous diseases show signs of having had tuberculosis that has been cured. Now, 10 per cent. of those who die, die of tuberculosis. Consequently, 14 per cent. only of 70 per cent. that contract it perish and 86 per cent. recover. This is a more favorable record than pneumonia and also than typhoid fever in some hospitals. A disease with this high percentage of recoveries certainly can be circumvented.

The Past and Future of the Tuberculosis Nurse

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Seven years ago the first visiting tuberculosis nurse was engaged in Baltimore to hunt up "lost patients" and bring them back to the dispensary. Her work was not clearly defined, but she was to carry the gospel of fresh air and sunlight into the homes of the tuberculous poor, whose mortality, in spite of Koch's discovery, was daily raising the question as to the curability of tuberculosis. Education alone not sufficing, she was permitted to feed them, rather generously, a special diet combining the much needed fats and proteids. Instruction and diet-giving were only part of her work, however, for she investigated their home surroundings, helped them arrange their sleeping quarters to better advantage, got them beds in sanatoria, forced them into hospitals for advanced cases, or got various relief organizations interested in their troubles, proving herself to be a veritable teacher, friend, councilor or special police, as the case seemed to demand. At the end of a year or two her enthusiasm wavered slightly, and the poor patient was denounced in no uncertain terms as unteachable, ignorant and careless. The milk, which he had sometimes shared with the rest of the family, and the eggs, which had been fried on both sides, or exchanged for food more suited to a proteid-wearied palate, were considered wasted and the last state of the patient was declared worse than the first.

It was something, however, to have discovered that tuberculosis was a difficult subject to reduce to words of one syllable. It was also a good deal to have found that not one patient in five understood the carefully elaborated instructions given him at a clinic, and that the few who did

understand were usually too poor to profit by the instruction. And a great big discovery was registered when nurses all over the country disclosed the utter inadequacy of institutional care for hopeful and hopeless cases alike, and the fact that tuberculous children seemed to have been left entirely out of architechts' or founders' estimates. Open-air schools, day camps, and even sanatoria have grown out of the insistent appeal of tuberculosis nurses for places to put their hopeful cases, and their work in the homes has demonstrated the wisdom of this extension of dispensary activity.

From a single nurse in the field in Baltimore seven years ago, the ranks of the tuberculosis nurses have increased until we find them at work all over the United States, often in the employ of private Anti-Tuberculosis organizations, and, more frequently every year, in the employ of the state or municipality. The Health Dept. of New York City employs 125 of these special nurses. Chicago, Boston and Cleveland have municipal tuberculosis nurses, and the Pennsylvania Department of Health employs through the state 107, who assist at the state tuberculosis dispensaries and visit and nurse the patients in their homes. In spite of mistakes, duplications and unwarranted pessimism, the tuberculosis visiting nurse has earned her place as a not inconsiderable factor in the fight against tuberculosis; if other proof of this were wanting, the fact that the demand for her far exceeds the supply of her would demonstrate public opinion in this regard. This lack of good nurses in public service is more serious than is generally appreciated. The fact that nurses are not sufficiently socially-trained should not trouble us nearly so much as the fact that the best technically-trained nurses are being attracted into other fields, institutional or social, leaving the tuberculosis and district nursing staffs in many towns to be made up of applicants whose training-schools were not up to standard and fitted them but inadequately for any field of work. Long hours, unreasonable demands and inadequate remuneration have

kept many good nurses out of these fields. Any staff, municipal or otherwise, that allows a nurse opportunity for growth, advancement and personal initiative gets and keeps good nurses.

The work of the tuberculosis nurse in the dispensaries and homes is so well understood that I need not describe it in detail. Having been asked to present this paper because of my good fortune in serving in tuberculosis work under two municipalities and one very successful private organization, I am going to confine the remainder of it to what I consider vitally important points in connection with this special branch of nursing. At the risk of disagreeing with many of you I am going to advocate free tuberculosis clinics in or near the low rent districts of all our cities, with tuberculosis nurses in attendance; bedside care by the visiting tuberculosis nurse of the tuberculous sick in their homes; special tuberculosis relief given at the request of the physician and nurse, after a conference with a Special Case Committee, not a local relief organization; a simple, hygienic costume for every nurse; and a compulsory segregation ordinance that will be educational in its enactments and indeterminate in its sentences. It is absurd to expect some of our patients ever to become scientifically discriminating after a few years of scattered instruction, but a few compulsory terms in a sanatorium would teach many of them respect for the law and for the health of others, as well.

In regard to clinics, it should not be necessary to emphasize the need of them; nevertheless, it is true that a tuberculosis nurse is often asked to start visiting work in a town where there is no clinic and little or no provision for the medical care of her patients. To instruct or advise when an authoritative diagnosis is lacking, or when there is no free dispensary or tuberculosis clinic, and poor patients are being treated at long range by busy physicians, or not at all, as the case may be, makes constructive work almost an impossibility. All nurses appreciate

and value the good team work of physicians and nurses needed in this campaign, and a nurse who wants her work to succeed and her patients to be benefitted considers the clinic the foundation stone of her structure.

To return to my second point, the greatest mistake made by the visiting tuberculosis nurse was not her pessimistic prognostications as to the outcome of tuberculosis work, unaccompanied by a shot-gun or by a drastic segregation law—every growing mortal has his Rubaiyat period—but her divorcing instructive from bedside nursing. To be sure, when workers were few and the fields large, it seemed better to devote her time to dispensary work and instruction of the hopeful cases, while the regular visiting nurse was sent in to care for the bed-ridden, hopeless case. This arrangement might have been ideal if all nurses were born teachers, or if the tuberculosis nurses had remained members of the visiting nurses' staff. A good nurse, however, considers that the work of her hands is quite 50% of her usefulness, and her patients doubtless put a higher valuation on it. Granting either premise, does it seem a logical conclusion of any particular case to turn it over to an unknown member of an entirely strange nursing staff just when the patient's confidence is won, when his need of a friend is greatest and when his dislike of strangers is most marked? If an afflicted household ever needs its own particular nurse, it is when the wage-earner or home-maker has lost out in the race and gone to bed, to be cared for and to spread infection among other members of the family, whose grief frequently blinds them to this danger. To leave such a family to its own devices, or to transfer it at the critical moment, causes unnecessary mental suffering to the sick person, who has learned to look forward to the visits of his own nurse; introduces another element into an already demoralized household, (for sickness is always demoralizing); and may result in such strained after relations that the children do not get examined, nor are their minor complications attended to until latent trouble becomes a positive reality. The

nurse was trained in a hospital, not in a normal college, and she should "stick more to her last." If concrete examples of the above were necessary all nurses could give plenty of them—for I believe we would all like to give nursing care. Perhaps this one will serve in lieu of many, however:

Olive S., aged ten, possessed tonsils and adenoids that gave her wizened little face a most characteristic expression; her father, in spite of his tuberculous condition, worked every day, had his own physician, and bitterly resented the fact that his wife should have taken his daughter to a "charity clinic." Consequently, he was only politely skeptical when the nurse tried to convince him that Olive's narrow chest and slight physique were handicaps enough without the added insult of frequent attacks of tonsilitis. For this reason three months' friendly visiting was seemingly fruitless, and might have been actually so, were it not that on the last visit the child, with a temperature of 103, was found on the parlor sofa, after a wretched night, with her worn-out mother vainly endeavoring to give her some medicine left by the doctor. It did not take an hour to give the patient a bath, make up a comfortable bed on an otherwise respectable sofa, administer the medicine, spray her throat, and tie her neatly combed hair with Sunday ribbons, and the child went to sleep to waken refreshed, ready for the cooling drink, fixed and left by the nurse as a surprise. An attack of tonsilitis that usually remained a week and upset an entire household was thus aborted by medicine administered at the right time and a single hour's work; while, as a result, the operation was consented to, not because the father's skepticism had decreased, but because his respect for the nurse's opinion had increased. Following this child's uneventful recovery, a younger sister and three other children in the same block willingly lost their tonsils a few weeks later. In this case the instruction might have borne later results, but surely the personal service—one mustard foot-bath against three months of friendly visiting—speaks volumes for combining nursing care with

instruction. Our patients are too much like the "man from Missouri;" speech alone does not impress them.

Then, too, it is almost inhuman to suggest that a nurse whose hands fairly ache to do the few little things that would make her patient so comfortable should confine herself to oral instruction, when it would be so easy to give both at the same time were she suitably dressed for her work and had she a small nursing kit in her bag. As long as the average public institution retains its present character, there will be many patients of this class in need of home supervision, and it is a waste of effort to care for the incipient cases in these households, if we overlook the source of the infection and neglect the advanced cases by withholding care that would increase their comfort and incidentally their willingness to obey instructions.

Now, as regards the giving of special tuberculosis, not family, relief: The nurse is not, nor should she be considered by her patients, a relief giver. This does not mean that she should never give anything, for sick-bed diet is as essential as medicine or air and should be given when ordered, or needed. Tuberculosis relief, especially in families above the poverty line, where illness causes the need, should be given liberally if we are going to check, not merely prolong, the disease. A Special Case Committee will help meet these demands for two reasons: First, because its interest is primarily in the tuberculosis aspect of the family problem; and, secondly, because it will handle each case promptly, and possibly by its action and recommendation succeed in keeping down the number of investigators going into the family. The Anti-Tuberculosis League of Cleveland has worked this committee plan out splendidly. Regular weekly meetings are held. The directing physicians of the Tuberculosis Dispensary and of the Babies' Dispensary and Hospital, a representative from the Associated Charities, one from the Visiting Nurses' Association, and the City Health Officer, are among the membership, which also includes several laymen possessing sympathies or influence which is

of value to the committee and having in common with the others experience and sound judgment. A special nurse, whose salary is paid by the Committee, presents the cases and no case is considered closed unless a final disposition is made. If relief which cannot be given by the Associated Charities is needed, the Committee raises it; if the need be volunteer visiting for counsel, encouragement or friendship, one of the members is detailed to do it; if sanitary regulations are being openly defied, another member spends the time to go more closely into the matter; if children need dispensary care and the mother is too busy to take them, this is also arranged for by the Committee. In fact, a thousand and one little details, which are really very important but are frequently left undone, or bungled, because time to work them out intelligently or patiently is lacking, are assumed by this Committee. Then, when the special tuberculosis problem is worked out, the special nurse hands the case back to the visiting tuberculosis nurse who had it originally. Only those cases where the solution of the problem would mean robbing the other patients of their rightful time are given to the special case nurse. In this way, immediate help of various kinds is gained for worthy families, and sometimes representatives from half a dozen different organizations are kept away, or, if they must go, they visit as friends of the nurse. This Special Case Committee is not intended to replace the relief organization, nor to relieve it of all responsibility in regard to families where tuberculosis is the primary cause of poverty. Its relief is rather intended to supplement the relief work of such an organization, except in those cases where the society's previous rulings prevent their giving the needed assistance. But the giving of relief is in reality a very small part of this committee's work and its gifts are not made without due regard for the opinion of the charity experts in its membership. The central registration bureau of the Associated Charities is always consulted, in order to avoid needless investigation. One of the difficulties of modern philanthropy

is this duplication of visits, until it seems to many of us as if the upbuilding of character by frequent investigation must include the destruction of a decent personal pride and self-respect.

The social worker who cites endless tales of the tuberculosis nurse's ill-directed alms giving, is met on every turn by the nurse who can cite equally true tales of the social worker's disastrous relief-withholding, whereas, the patients each desires to serve may be more simply and adequately reached by referring them to a court of special appeals, which is sufficiently nicely adjusted to weigh the social, medical, legal and economic aspects of the case before deciding on its merits. For individual decisions are human, and therefore liable to error, and sometimes the mind of one type of an organization is human also, and it is conceivable that even a relief organization might err occasionally, but a committee composed of many minds from many interests can be to its patients a "City of Refuge," as well as a final tribunal. In Cleveland this Special Committee was formed by the Anti-Tuberculosis League, but there is no particular reason why it should not be an adjutant of the local relief organization. To be really effective, such a committee must be composed of people very much in earnest and should be so strong in its membership that the implied co-operation would be limitless in its power for good.

A nurse is trained to see the physical needs of her patients and to act quickly, she knows too that anxiety and avoidable worry are frequently as disastrous as the primary infection, and to her the payment of back rent is not a mortal sin, nor is food for anaemic children a crime against the sanctity of the home. A day-nursery for children, while the deserted mother of six or eight works by the day, does not strike her as logical, if those children are ever going to amount to anything, although a pension to that mother may be encouraging a worthless father in his idleness. Discipline for the father of these children quite meets with her approval, while to let the innocent suffer with the guilty may be justice, but seems bad economics. Refusal to aid

the large family where there are three cases of tuberculosis because their cottage with its yard and porch rents for $15.00 and they refuse to move into a $10.00 rent, without regard to room space, seems to her absolutely criminal; whereas, her insistence that the family is in every way worthy of aid may seem blind and unreasonable to the relief organization. To cite special cases wastes time, and occasionally causes ill-will. The nurse understands perfectly that the solution of the tuberculosis problem is inextricably interwoven with the big problems of housing reform, standards of living, minimum wage, and the eight-hour day, but she is placed in her district to act now, not in the millenium, and her patients are to her sick people, her ministry to serve them, not to classify them. A Special Case Committee, with time to consider her families, would be of inestimable service to a busy nurse.

The responsibility of giving relief should not rest upon the individual nurse, but the power to relieve must be nearer than it is now, and to her technical training should be added a social training which must be given her in both field and class room, until she learns to discriminate in her service as well as in her sympathies. Academic theorizing is of little assistance to the woman whose daily work takes her in and out of homes where physical suffering, no matter whose sin caused it, is present, and she needs a well balanced mind to keep her from becoming so depressed by the scenes in which she works that she is unable to retain her enthusiasm and her "open mind." Nurses engaged by private societies have, perhaps, more opportunity of keeping a future vision ever before them, but, on the other hand, the problem is too tremendous to remain in private hands long, and the municipality that shirks its responsibility, or engages indifferently trained women to do its tuberculosis nursing, will lose in the long run, for its tuberculosis situation will remain unchanged if its people are ill-taught. In some places a stigma attaches itself to women in public service, and this can only be dispelled when people realize

that the field needs intelligence as well as training, and to get and keep both qualities in its service a city must grant its workers unrestricted opportunities for growth and advancement.

A uniform for the tuberculosis nurse is a much mooted question. Personally, I believe that there should be a standard, if not uniform, costume,—simple hat, washable dress and plain, long coat, purchased after consultation with the supervisor. In small towns, or until tuberculosis becomes less of a bug-bear than it is now, a striking uniform serves only to make landlords uneasy and patients more so. On the other hand, to those of us accustomed to, and fond of the trig neatness of a nurse's uniform, a roomful of nurses, on duty, in all kinds of raiment, is as distressing as an orphanage of children all dressed in brown gingham is to a real lover of little people. In large cities where there are many public nurses, a compromise might be effected by having a common uniform for all nurses, selected by a committee composed of their superintendents. No uniform should make the wearer needlessly conspicuous, but a not-striking uniform, plus a simple hat, would be willingly worn by any nurse who felt that she thus identified herself with others in a good work. A nurse's uniform should mean to her what a soldier's does to him,—a constant reminder of the cause she serves—and, though she need not wear it to Grand Opera, she should wear it on duty.

Lastly, I would plead for segregation of open cases of tuberculosis. Voluntary segregation is, of course, more ideal and will not interfere at all with a democratic belief in personal liberty. This, in a large number of cases, would be possible, were the institutions provided, properly built, equipped and managed. Buildings and equipment cannot be expected to do everything, the spirit of the places is a direct index to its management. If a diet suited to day-laborers is provided for patients whose digestive powers are seriously impaired by disease, or if medical attention and nursing service are negligible quantities, no patient is going

to be sufficiently altruistic to die in discomfort when home, no matter how poor, means an attempt at least at better food and care. Nor would the public at large, nor the special workers, wish to consign a patient to perpetual sentence in such an institution simply because his disease, not his crime, made him an unwelcome member of society. People who are going to die, whether in two months or two years, need to be helped to forget that the sentence of death is hanging over them. It is not necessary to have our hospitals for advanced cases so badly managed that patients refuse to remain in them. The Boston Consumptives' Hospital is intended for moderately advanced and advanced cases, and it has become such a comparatively simple matter to send patients there and to keep them there that the nursing care given in the homes by the Visiting Tuberculosis Nurses is done more in cases of emergency than as a part of the regular routine. A recent visitor at the Maryland State Sanatorium, where hopeful cases and others are treated, remarked that he felt as if he were leaving a happy summer colony, rather than a hospital. If Boston and Maryland can obtain voluntary segregation in a large number of cases, the plan is not Utopian. On the other hand, there are a few patients whose warped mentalities make them take an almost malicious delight in exposing their families to infection. Such patients should be restrained from spreading the disease further, and as long as a patient remains unwilling to take the simple precautions necessary he should be made to feel that his refusal to do so is a misdemeanor and should be punished accordingly.

Many of our patients, whether from above or below the poverty line, are strangely ignorant of the laws of hygiene; and the unseen presence and rapid reproduction of the tubercle bacilli are to them inconceivable. They cannot be ordered, they must be taught. It is not good sense to ask that these poor souls comprehend in a few brief instructions, facts that opened a new world to us; or to ask them, for reasons they cannot possibly understand, to change

habits of a lifetime,—nay, of generations—without taking into consideration their racial characteristics and superstitions, their religious beliefs, or their inherited tendencies. We have asked the German to exchange his beer for milk, the Italian to open his window at night, the Irishman to give up his "wakes" and tobacco, the Hebrew to make radical changes in his diet, and the American citizen of every descent to refrain from nickel shows, crowded meeting places and dance halls, which to him make life worth living. We have taught a crude eugenics to mothers absolutely unable to carry out our instructions. We have sometimes foolishly taken work from a patient and then offered him a stone. We have asked patients to sacrifice time, tradition and family ties even, for that wil-o'-the-wisp, health. For some we have gained health, others have fallen by the wayside, or given up the struggle in disgust and despair, and the mass of the people, because of circumstances over which they have no control, are as yet unimpressed. The nurse's educational attempts must extend beyond her present horizon.

By patient endeavor and ceaseless example she must teach and nurse the patients who look to her for relief. By a close co-operation with all the agencies in the city, she can, by her observations, aid the workers whose field lies in relief-giving, housing reform, and what not. She must win from the public, by an intelligent discrimination, sympathy for the many deserving, or compulsory segregation for the comparatively few wilfully careless patients. Her work with the physicians at the clinics must enable her to carry their instructions to the patients and to bring back the social diagnosis that will best assist in their treatment of each particular case. By her work with the children of the tuberculous, she must help school boards to realize how easy it is to teach hygiene to children before they grow into skeptical and slow-reasoning adults; and, finally, by her service to her people and all these other agencies, she will

create in the work a new spirit and in herself a new personality, for, after all, a chain is only as strong as its weakest link, and on the nurse, as the logical go-between for public and patients alike, rests a tremendous responsibility and the promise of a great future.

The Nurse as a Social Worker

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During the past fifteen years, but more especially during the past ten years, a new field has opened to nurses—the field of social work. When the first district nurse went on duty many years ago, she went on primarily in the capacity of nurse; when the first tuberculosis nurse went on duty some eight years ago, she also went in the capacity of nurse, but now with the evolvement of social work, a social as well as a medical problem, we also see the evolvement of the nurse. In order to keep pace with it, she is now becoming a social as well as a medical agent.

This evolvement of the nurse is a perfectly logical one. Sickness and poverty go hand in hand, with sometimes one, sometimes the other, in the lead. It is impossible to disassociate the two. Therefore in order to deal properly with the situation, we must either have two sets of agents, medical and social, or else one set of workers so thoroughly equipped that they are able to combine understanding of both medical and social service. To have two sets of workers, where one would suffice, is an economic waste.

Let us look over the field very briefly and see what is meant by medical service, and what is meant by social service, and why it is that we must either have two sets of workers, or one very highly equipped set of workers, able to perform both kinds of service. Let us first consider the duties of the nurse—and as a concrete example, let us consider the work of the special tuberculosis nurse.

The work of the tuberculosis nurse, from the purely medical view point, consists of actual nursing care given to ill or bedridden patients, and of supervision, instruction and

advice given to incipient or ambulatory cases. In each case, the nurse is the go-between of the physician and the patient, and she sees that the doctor's orders are carried out, and that the patient follows, as well as may be, a mode of life which conduces to his recovery and at the same time lessens his danger to the community. If we follow the nurse in her rounds from house to house within a geographic area, we shall see her deal with all sorts of cases, and give to each the exact sort of attention that he requires. Thus, the first case may be an incipient one, who is taking the sanatorium treatment at home, and all that he requires is supervision and encouragement, and a new supply of fillers; the next case, who was doing well the week before, is in bed with a fresh cold, and needs a bath, clean linen and general attention; the next is a last stage case, requiring daily care, including dressing of bedsores; the next may be a suspicious case, in which the diagnosis is not positive, but where the patient needs all possible advice and suggestion as to living a hygienic life; the next case is to go to a sanatorium, and details have to be arranged for; and the last case is one of empyema, which requires surgical dressing and attention. Now all this is nursing work—medical understanding of one sort or another, and one nurse is capable of doing all of it. To have two sets of nurses at work in the same district or geographic area, one to care for advanced cases, one for the ambulatory ones, would be a senseless waste of time and money. By this arrangement we should often see two nurses at work in the same household—one giving a bed-bath to an advanced case, and one teaching some other member of the family how to become a "careful consumptive who is not a menace." The tuberculosis nurse cannot separate her patients, and the community that wishes to separate the sort of workers that deal with these patients is a community that has small economic sense, and which by reason of this defect employs two people where one would do.

Let us now look at the tuberculosis problem from its complicated social side. We find that it is almost entirely

a class disease—a disease of the exploited classes. But that phase, of course, is one that the discreet social worker will not bring forward too prominently. Therefore social work among the tuberculous poor consists largely of palliative efforts, wise giving of relief in the way of coal, groceries, bedding, and so forth. Knowledge of economic conditions, the predisposing causes of tuberculosis, is the knowledge that the social worker must possess. In nearly every home in which there is tuberculosis, there arises sooner or later the need for social interference. The problem of dealing with the patient himself is usually a medical one; the problem of dealing with his family is a social one. It is impossible to treat the patient from the purely medical viewpoint, and it is impossible to treat the family without special training and experience in social work. It is this experience therefore, that the nurse must have in order to become a really effective agent in the community. She must imperatively have this social training, in addition to her medical training, or there must be two sets of agents at work, a medical and a social agent. We have seen that two sets of workers is wasteful policy, therefore we must train the nurse in social work, since she is the logical agent in the homes of the tuberculous poor.

Probably no other agent comes so closely in touch with the people as the district nurse. She so readily wins the confidence of the family, and her intimate contact with them enables her to see clearly the conditions that hamper and destroy them. By reason of this close insight she is in a position to understand, to analyze and to draw intelligent conclusions as to their needs, weaknesses, and failings. And having arrived at certain conclusions as to their needs, the socially trained nurse is in a position to apply for relief to the proper sources. It does not need a Charity Organization agent to discover that the reason a patient cannot sleep out of doors is because he has no blankets. It does not need a volunteer worker to discover that a family of ten, with one bed among them, is a family that should be given an extra bed—perhaps even two. It does not need a friend-

ly visitor to come to the conclusion that a man who earns $15 a week and who spends it all on drink, is hardly one for whom it is wise to pay rent and grocer's bills. And the nurse as well as the lay worker, is able to see which children in a family need special attention—which are truant and possibly feeble minded; which should be sent to fresh air farms; which boys or girls should be brought into touch with the settlement—in short, the nurse should be so socially trained that she should feel on entering a household, that it is not only the sick member of it who demands her attention, but that her responsibility extends to all its members, one and all are her special concern and interest.

This social training is perfectly possible to acquire, and it must be acquired if the nurse is ever to become more than the doctor's hand-maiden, with no greater expression of responsibility than a "yes, doctor" and "no, doctor." Nurses of that type are useless in the social field. Very excellent they may be as nurses, but they will not do as effective social agents. So extensive is the field of social work, so wide open are the gates that lead to it, and so great are the demands for adequately equipped workers of the highest type and fullest training, that the nurse who goes in for social work today must add to her hospital training this other requisite—social training and experience. This special knowledge may be had in one of two ways. Either by a course in one of the schools of philanthropy, or by extensive experience in field work under the guidance of a socially trained nurse. The reason that we believe that this experience should be had under a socially trained nurse rather than under a trained social worker, is because of the medical aspect of the situation, which a layman is powerless to fully appreciate.

It is this medical aspect of relief work—an aspect which is nearly constant—which makes us feel strongly that it is the socially trained nurse who must in the end supplant the social worker, as the more practical agent of the two. No relief problem is free from the complication of physical disability, and no physical disability but which is bound up

with the need for social interference. And the person who understands both points of view is the one who is of most value to the community.

The question, therefore, arises, since it is wasteful policy to have two sets of people working at the same thing, which of the two shall survive? Are we to have two agencies—are we to have the social worker doing to the extent of her ability, and then calling in the nurse when the medical situation gets beyond her? Or are we to have the socially trained nurse who in her work is able to combine knowledge and experience of both sorts? If we realize that in the perfectly equipped worker both sorts of training are essential—the only question is—which of the two shall supplement her training by that which she lacks? Shall the nurse add to her three years' hospital experience a course of six weeks or one year in a school of philanthropy? Or shall the social worker supplement her school of philanthropy training by three years in a training school for nurses? It is simply a question as to which shall do it—all things being equal, it makes no difference which.

However, in place of the difficult and arduous hospital training which is demanded of all properly qualified nurses, it has been suggested that the "social relief agents of organized charities should have some hospital experience." This attempt to substitute adequate training by a mere smattering of "experience" would be a most dangerous proceeding. In one of the foremost hospitals of the country the probationers are not allowed to enter the wards until after a preliminary training of six months; accepting this as a standard, what sort of "experience" would it be possible to give the social worker in a few weeks or months in an institution? And what sort of an institution would it be that would lend itself to training of this kind? Let us be quite honest about this matter and look facts in the face. If this medical experience is so valuable a factor in social relief work as we all believe it to be, then let it be acquired thoroughly and carefully, in the way that all first-class hospitals demand. It cannot be obtained by a few weeks in an

institution, nor by a course in nursing obtained through a correspondence school. We should have as much respect for that sort of nursing training as we would have for the physician who had acquired his medical degree by mail.

So what are we to do? Are we to have two sets of workers in the field, the one supplementing and complementing the work of the other? Or are we to have one set, able to combine adequate knowledge of medical and social service. We are reasonable beings. Doubtless we shall come to reasonable conclusions.

Tuberculosis as a State Problem

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Ohio was one of the first states in this country to organize a society for the express purpose of combating tuberculosis on a state-wide basis.

At a meeting of the State Board of Health, held in June, 1901, the question of forming such a society was first considered. Five months later, on November 14th, 1901, the Ohio Society for the Prevention of Tuberculosis was formally organized with more than three hundred members, from all parts of the state. Membership dues were the only source of revenue, and these never increased sufficiently to warrant an extended campaign. Some literature was prepared and printed through the co-operation of the State Board of Health. In one of the pamphlets issued soon after the organization of the Society, the objects are stated to be, first, a well-directed campaign of education; and second, advocating and aiding to establish state and municipal hospitals for the *cure* of tuberculosis.

The educational campaign was conducted in a more or less desultory fashion, much of the publicity work being done in connection with the agitation for a State Sanatorium. As a result of this activity and the efforts of the State Board of Health, the Legislature passed an act in 1902, creating a State Tuberculosis Commission, consisting of seven members, appointed by the Governor, to investigate the feasibility of establishing sanatoria in the state. An appropriation of $500.00 was provided and the Commission was directed to report to the Governor by May, 1903.

Following the report of this Commission, the Legislature passed an act in 1904, providing for the creation of another Commission, consisting of five members, to purchase lands and to erect a State Sanatorium for Tuberculosis and to make provision for the appointment of a managing board. The appropriation for this work was $35,000.00. After consideration of a number of sites the Commission purchased three hundred and fifty-five acres of land about two miles from the city of Mt. Vernon and proceeded to push forward the work entrusted to it. On October 27th, 1909, the State Sanatorium was formally dedicated, the ceremonies in connection with which were conducted under the auspices of the Ohio Society for the Prevention of Tuberculosis. An effort was made at this time to adequately finance the Society in order to secure the services of a paid secretary. Meeting with but little response, the Society lapsed into a paper organization.

At present the State Sanatorium has a capacity for one hundred and thirty patients, but it is ultimately planned to provide for treatment for two hundred. Incipient cases of tuberculosis only are admitted, as this institution is designed as an educational agent to instruct the tubercular how to properly care for himself. The rates charged are five dollars a week, but cases up to 2 per cent. of the available capacity may be admitted for a sum less than five dollars, as determined by the Board of Trustees. Admission is secured through application to the Superintendent. On August 15th, 1911, the complete report of the Commission was filed with the State Auditor and showed that $678,599.26 had been expended on the Sanatorium up to date.

The Legislature passed an act in 1908 which provided that: "to keep any person suffering from pulmonary tuberculosis in any county infirmary, except in separate buildings, to be provided and used for that purpose only, shall be unlawful." The act provides for the erection by counties of suitable sanatoria or for the boarding of tuberculous patients from one county in sanatoria in another. This act was amended in 1909, so that it became mandatory upon

County Commissioners to provide separate hospitals for tuberculous cases before January 1st, 1911. A further amendment made it possible for any two or more counties, not to exceed five, to combine and erect a district hospital to be maintained jointly by the several counties.

At present the equipment of the state for fighting the disease consists of the State Sanatorium, with one hundred and thirty beds, for incipient cases; two municipal hospitals at Cleveland, with eighty and one hundred beds, respectively, for cases of tuberculosis in the first and second stages of the disease; one at Cincinnati, with provisions for three hundred beds and taking all classes of cases; three county hospitals, with sixty-two beds in all for all classes of cases; three district hospitals, with one hundred and two beds, for all classes of cases; special provision for tuberculosis cases is made at two of the State Hospitals for the Insane, with provision for one hundred and sixty beds in all; and at Dayton, in the National Military Home, provision is made for thirty beds in a tuberculosis ward. A total of eight hundred and thirty-four beds for the treatment of a disease which last year carried off 7,208 of our people! Authorities on tuberculosis statistics estimate at least three living cases of tuberculosis present in the community for every death recorded as a result of the disease. On that basis, we have eight hundred and thirty-four beds to place at the service of 21,624 cases of tuberculosis that are now in the homes of our state.

However, there are many more hospitals projected, but they are still on paper. Jealousy as to location, injunction proceedings arising out of real or feigned differences as to legal procedure and wrangling among county officials, have delayed the work of giving proper treatment to the people who are suffering with tuberculosis.

The last act of the Legislature touching this disease was passed in the session of 1910. It gives permission to boards of education in any city schools to establish open air schools for tuberculous children and to exclude such children from the regular public schools. Seven such schools have been

projected in Ohio; five in Cleveland, where four are already in operation, one in Cincinnati, where the school board in January, 1911, began the construction of a "roof-room" on one of the public schools, for the open air treatment of children predisposed to tuberculosis; and, one in Columbus, for children with incipient tuberculosis or predisposed to the disease. Neither have been in actual operation up to this time.

On November 22nd, 1910, a meeting of the State Society was held to discuss ways and means for financing the organization. After consideration, the Cleveland branch of the National Red Cross Society was authorized to conduct the sale of seals in all unoccupied territory throughout Ohio. The money derived from the sale went to the support of the State Society. In the cities where there were local anti-tuberculosis organizations which were authorized to sell seals, the societies were asked to contribute at least 12½ per cent. of their proceeds to the support of the State Society, and the entire proceeds from the sale outside of their own city. At a subsequent meeting Mr. S. Livingston Mather of Cleveland, Chairman of the Committee in charge of the sale, reported a net receipt of $4,288.46 for the State Society and a balance on hand by the State Treasurer of $326.46, making a total of $4,614.92, available for use by the State Society.

The services of a paid secretary were secured, and on May 1st, 1911, he began working on the problem as to how to secure for Ohio the most efficient and adequate tuberculosis equipment and treatment obtainable. At the annual meeting of the Society, held early in September, amendments were made to the Constitution, changing the form of the Society completely. The chief innovation was the selection of a board of 30 trustees, the members to serve from one to five years. The organization will be incorporated this year. Officers of the Society for the coming year are, Dr. John H. Lowman, of Cleveland, President; Dr. W. W. Brand, of Toledo, First Vice President; Dr. Frank Warner,

of Columbus, Second Vice President; Dr. Henry Baldwin, of Springfield, Secretary; Mr. Foster Copeland, of Columbus, Treasurer.

Definite plans are being made for the sale of Red Cross Seals in Ohio again, under the supervision of Mr. S. Livingston Mather. An endeavor will be made to hold the local Red Cross Seal Committees together after the Seal sale, and to continue them as local committees, to work for the prevention of tuberculosis in their own communities.

The State Society will institute a vigorous campaign to teach the people generally, the nature and symptoms of tuberculosis; to strongly urge upon the medical profession the necessity for reporting cases of tuberculosis to the Board of Health (the state does not require compulsory notification of tuberculosis); to place before the people in every city and considerable village in the state, the need for free dispensaries, at which any person can secure an expert and thorough diagnosis of his condition and adequate instructions as to what he must do; to show the necessity for Visiting Nurses to visit the patients in their homes and instruct them, not once, but many times, in the protection of their households; to bring the proper officials to see the absolute need of hospitals—municipal, county and district.

But in the final analysis, it is only the effort of the public-spirited men and women in every city and village which can provide the necessary force to accomplish such a program. A State Society can only hope to stimulate such people into a realization of the magnitude of the problem, and aid in converting that realization into action directed to solving it.

News Notes

The Anti-Tuberculosis League of King County, Seattle, began its crusade only two and a half years ago. At that time, i. e., May 1st, 1908, it had only one visiting nurse and twenty advanced consumptives on its list. In December of the same year a second nurse was added; and in May, 1910, a third nurse was engaged. Later, however, owing to the opening of the "Henry Sanatorium," it was considered advisable to retain only two for this branch of the work.

The Out Patient Department of the work was opened only one year ago, for daily treatment and examination of patients. Up to date 347 cases have been examined.

In the beginning all financial aid was secured by voluntary contributions, but for the past year the city has given $333.33 per month for the care of the city cases, and during the past six months the county has done likewise. The county has also given $4000.00 in bonds to build the pavilions and cottages of the "Henry Sanatorium," which stands on ground given by Mr. H. C. Henry, the League's president. A large portion of the stock of the Alaska-Yukon-Pacific Exposition was donated to the League which, when dividends were declared, brought in a substantial sum.

In Seattle, Wash., has been formed a Catholic Social Settlement League, whose work is to a great extent based on the nursing of the sick poor. Its principal purpose is to study the conditions of the sick and unfortunate, and to discover if possible the causes which have led to existing distress, and to remedy them, not so much by the giving of charity as by assistance toward health, employment, reform if necessary, and general self-respect. There is no other organization of its kind on the Pacific coast. Miss Alice Kershaw, the Visiting Nurse in charge of the

work, says, in a paper read at a meeting of the King County Nurses' Association. "I have accomplished my best work where I started in with a sick patient. Through care and kindness to the sick I have won the hearts of mothers, fathers, sisters and brothers, and even of the neighbors."

In Chicago three Open Air Schools for anaemic children were made possible this summer by the co-operation of the following agencies: The Board of Education, which supplies teachers, tents, and janitor service; the School Extension Committee, which takes general management and particularly the support of the Libby and William Penn Schools; the Chicago Tuberculosis Institute, which supports the Lake View Open Air School and has the selection and complete medical direction of all children; and the Municipal Tuberculosis Sanatorium. whose graduate nurse daily watches the physical condition of every boy and girl. The steadily improved physical condition as evidenced by the testimony of the three physicians in charge and the gain in weight shows that the improvement of these 100 children, if extended to the 3,000 needing similar treatment, would result in the saving of many young lives and in enabling scores to return to the less expensive regular public school.

The Anti-Tuberculosis League of Cincinnati has issued 65,000 booklets for distribution among the future citizens of that city. The booklet is called "The A B C's of Health," and contains much valuable information, couched in such simple and attractive language as to interest a child. It is also copiously illustrated with pictures which carry a lesson without the need of words.

Prof. Winslow, in his address given at the American Nurses' Association Convention held in Boston June last, said: "The Visiting Nurse is the most important figure in the modern movement for the protection of the public health."

The Ohio State Association of Graduate Nurses held its eighth annual meeting in Cleveland, October 17th and 18th, with headquarters at the Young Women's Christian Association. A very interesting program included, besides the official transaction of regular business, a Red Cross session, a Social Welfare session, and an evening session for Superintendents of Nurses. We reprint below the Social Welfare session program. Tea was served at the Flora Stone Mather residence for nurses at Lakeside Hospital, on Wednesday, the 17th, and at the Babies' Dispensary and Hospital on Thursday afternoon. On Wednesday evening an organ recital at Trinity Cathedral was given in honor of the Red Cross nurses, and was largely attended by nurses and by those who had been invited to meet them. After the recital the audience passed through the beautiful stone cloister of the church, into the parish house, which was decorated with plants, flowers, American flags, Red Cross insignia and standards representing the different countries. Miss Laura Hilliard, honorary president of the Cleveland Visiting Nurse Association, was the hostess on this occasion. Receiving with her were Miss Jane A. Delano, Chairman National Committee, American Red Cross; Miss Mary E. Gladwyn, President Ohio State Association of Graduate Nurses; Miss Mary A. Samuels, Superintendent of Nurses at Lakeside Hospital; and Miss Alma Hoyle, President Graduate Nurses' Association of Cleveland. The clergy of Trinity Cathedral, members of the local Red Cross Chapter, and members of the Executive Board of the Anti-Tuberculosis League, as well as prominent members of Trinity Cathedral, were also active in serving and entertaining the guests. The Graduate Nurses of Cleveland gave a very beautiful luncheon at the Young Women's Christian Association on Thursday, to the convention. To this luncheon were invited various women from the Boards of Trustees of organizations co-operating with the nurse, and also a few of the trustees and staff of the Young Women's Christian Association, whose hospitality had been so graciously extended.

PROGRAM OF SOCIAL WELFARE SESSION.

MISS ABBIE ROBERTS
Chairman, Cincinnati Visiting Nurse Assoc'n

"The Nurse in the Reduction of Infant Mortality"
DR. H. J. GERSTENBERGER
Assistant Professor Pediatrics, W. R. U.
Med. Director Babies' Dispensary and Hospital

"Report of Investigation of Practice of Midwifery in Cincinnati"
MISS MALINDA NITSCHIKE

"Report of Investigation of Practice of Midwifery in Cleveland"
MISS GERTRUDE BARNES
Cleveland Society for Promoting the Interest of the Blind

"Social Training for Nurses"
HANNA BUCHANAN
Cleveland Visiting Nurse Association

Stories Told by Nurses

Little Sarah

MILDRED M. PALMER

Many strange things had happened in the life of little Sarah Berkovitch. First there was the ambulance that rang its bell fiercely in front of the little candy store one cold, December day. A great crowd gathered round and she gazed, open-eyed, with the rest. Suddenly, to her amazement, the store door opened and two men brought out her father on a bed and shoved him into the ambulance. She ran after him, screaming, but he motioned her back feebly, struggling with a paroxysm of coughing; the door banged and he was gone.

Then were the sad days in the tiny room back of the candy store. Her older sisters forgot to laugh, and her mother always cried with her shawl over her face; for, mystery of mysteries, her father never came back! Many times she watched for him, straining her eyes into the early winter darkness. But he forgot to come.

A short time after this her sisters went away. When she asked where they were, her mother sobbed aloud and wrung her hands, saying, "To de Orphans—de Orphans!" And when Sarah demanded where "Orphans" was, her mother wailed so violently, rocking herself to and fro and muttering such strange things to herself in Yiddish, that Sarah was frightened and asked no more.

Then, one day, Sarah's mother told her that she was going to the hospital, but that she would surely come back and that she must stay with Mrs. Schwartz and be a good girl.

Sarah never expected to see her mother again. But, so inversely does happiness sometimes come, not only

her mother came back, but brought with her a little, red, gasping piece of humanity—a new baby! Now, indeed, was Sarah's cup of joy brim full. She laughed and sang and played with the baby till even her mother forgot to cry. A curious sense of responsibility rested upon Sarah. She learned the name and price of everything in the store. With the air of a connoisseur she offered the fat, brown cigars in the show case. She learned to mix a soda, and, with conscious ease, handed out the all-day-suckers and slabs of licorice and chocolate to the neighbor children.

In these little stores that cater to the penny trade, the hours are long, and it was always midnight or after when the store was locked for the night. Then weary Sarah would go fast asleep in the tiny, closed, windowless room.

As spring came on Sarah lost her vivacity. She was always tired, her head ached and she could not eat. Her mother watched her with sinking heart till she could stand it no longer. She went over to the Settlement house and asked for a nurse. The nurse came and took Sarah to the Tuberculosis Dispensary, where it was found that she was an "incipient case."

Many times the nurse from the Dispensary called on Mrs. Berkovitch trying to impress upon her the necessity of fresh air and good food for Sarah. As to the food, she was more than willing to save enough money to buy milk and eggs, but the air—It was so lonesome, she would say shiveringly. She was afraid to leave even the transom open because of rough men in the neighborhood.

Then the nurse asked if she would let Sarah go to the Tent Colony, promising that she would find a little girl to keep in the store while Sarah was gone.

After many days of indecision, Mrs. Berkovitch consented, and Sarah spent the summer in the country with other little children who had lived in close, windowless rooms.

Here Sarah alternately ate and rested and played and

drank long draughts of sweet milk and slept soundly through the cool, wonderful nights.

At last October came and she was well enough to be discharged. Then the old problem presented itself. Manifestly she could not go back to the conditions that had contributed to her illness and undo all that had been done.

The nurse called again on Mrs. Berkovitch and told her that Sarah could not come home unless a proper place was provided for her to sleep in. To her surprise, the mother needed no persuasion. She had seen Sarah getting fatter and rosier all the summer and realized the value of fresh air and right living. She rented a room from her neighbor upstairs, and a little bed was gotten and placed by the open window.

Here Sarah sleeps from eight o'clock till six in the morning, and forgetting the noise of Woodland Avenue, dreams that she is back at the Tent Colony again.

The Last Resort

LUCY HITCH

What can be more heart-breaking and pitiful than to be brought from your native country to a strange land by your husband, and then to be deserted and left to battle and struggle on alone and finally become dependent upon charity? Such is the story I am about to tell of Mrs. Susie Blank of Main street.

It was in the month of April that she first came to our dispensary but, as in many other cases, in such a late stage of the disease that there was positively no hope for her.

When I first visited her she lived alone, in three rooms, in one of those dilapidated old houses on Main street. She stayed in these rooms until her funds were exhausted and she was compelled to move. Then a neighbor took pity on her and offered her a room in her house. Poor Susie had been put on the list for the City Hospital,

but for some unknown reason, when she was admitted at the hospital she stayed but one day.

The next best place for Susie was the Tuberculosis Day Camp. She spent many a pleasant day there, and would have enjoyed many more if her strength had permitted, but she gradually became so ill that she finally came to the dispensary and begged to be sent to the hospital again. Susie spent some anxious moments waiting for her turn, but it was not long before word came for her to go immediately. I quickly wrapped some sputum cups and paper napkins together, and made my way toward Main street. What surprised me most was that this very sick woman was caring for three babies. She finally found someone to care for her charges, and before long the patient and I were on our way to the hospital.

She has now learned to appreciate the tender care of the nurses, and is willing that someone wait upon her, in place of her doing for others. She has also learned that a clean sheet stretched smoothly over a mattress makes a better bed than numerous feather beds, and that a well ventilated ward makes a better sleeping place than a small room with closed windows,—but the lesson has been learned too late!

An Allegory

MARY M. TAYLOR

As you enter the house, you are shown into a cheery room with a pleasant outlook, flowers blooming in the window and the song of the mocking bird in the air; and as you look into the face of the one to whom this room has long been home, you feel at once that you are in no ordinary sick room atmosphere. Yet those who know her well tell you that thirteen long years ago Mrs. R—— through the development of a strangely baffling malady—to which medical science could afford but little relief, and for which the physician could scarcely find a name—re-

luctantly laid down, one by one, the daily tasks, hoping, through the months, to take them up again; but as the years slowly passed and disease made greater inroad on the frail body, she realized that the active work, in which she had played a large part, must be done by others.

Cared for, at first, by strange hands, somewhat awkward, because unaccustomed, but soon made gentle and skillful by the love toward her unto whom they ministered so tenderly, she suffered in silence with untiring patience, ever seeking new ways in which to do for others.

Taking a keen interest in the "World's Work," and retaining a sympathetic understanding of others' lives, her room became a place where people brought their perplexities, their joys and sorrows, always finding, as they did so, that the joys grew more and more, and the perplexities ever less, for she seemed to impart to them some of her own wonderful insight and to give a new aspect to common things.

Many come, the rich and poor, the young and old, the educated and the ignorant, and all are made welcome—the gladest greeting, perhaps, for those who bring with them the gift of music or of song.

Whatever struggles come when

"The waiting hours are weary to bear
And the courage is hard to keep"

are carefully hidden in her own heart, and she gives to the world only the brave smile and the kindly word.

A young girl, little more than a child, rowed a tiny home-made raft out into a pond to gather water lilies. The desirable ones were difficult to reach, because they grew just the other side of some rank yellow weeds. As she picked up the flowers, her childish, questioning mind wondered what power was inherent in the lily that enabled it to reject the poisons, and to draw unto itself, from out the mud and slime at the bottom of the greenish water, only the elements that made for sweetness of fragrance and beauty and purity of form and color while

growing in the same water the weed had drawn to itself, from out the same mud and slime only the elements that made it ugly and obnoxious.

The Visiting Nurse (the young girl older grown) has called on Mrs. R—— week after week for two years, and she is often reminded of the day she rowed her little boat out into the pond to get the lilies, and asks what power it is in the woman that has enabled her to gather from out the pain and loneliness, the weakness and helplessness of years, the things that make for sweetness and strength of character, and that have made of life a blessing and a rarely beautiful thing; while not far away live others who, out of a more favorable environment have drawn only things which make of life a weariness and a burden.

The Black Sheep

IDA HARRIS

I turned into a dismal little side street, mounted the steps of one of the many lodging houses, and gave the bell a vigorous ring. "Is Mr. S. in?" I asked of the frowning, sharp-faced woman, who opened the door a fraction of an inch, in answer to my summons. "Very well, I'll go right up and see him." The woman grunted something that might have been taken for an assent, opened the door wider, and I went up three dark flights of stairs and tapped on the door at the head of them. Then without waiting for a response, I pushed open the door and entered the room.

It was very dark and dingy. A lighted, sputtering gas jet served as both light and sunshine, and the odor of countless cigarettes made it choking and stuffy after the fresh morning air, out of doors. In an old plush chair by one window, I found Mr. S., a lank young man, with a face of pasty whiteness and cheeks that began to look hollow, sitting with his feet propped up on the window-sill, staring out at the littered dirty alley, which ran its length behind the houses.

After opening the window, I sat down on an old creaking chair, asking Mr. S. meanwhile how he felt. "Fine, more fine," came the answer, but even while he spoke he was racked with a spasm of violent coughing. "Your cough doesn't seem much better," I ventured. "Aw, that aint 'nut'ns, don't let that worry yer." Eyeing him very closely, I said, "Mr. S., this is no place for you. You ought to be out in the country and breathe the fresh air." "That's where you're wrong, ma'am," he replied, "nix on anything of that kind, and don't come here for that agin."

Another paroxysm of coughing seized him, which brought a flush to his cheeks—a flush which only accentuated the usual pallor. I soon saw that my visit was irritating him, and could do no good as long as he was in such ill humor, so saying that I would call again the next day, and leaving my morning paper with him, I said "good-bye."

I descended the dark stairs with the sound of Mr. S.'s racking cough still ringing in my ears. After I had gone, Mr. S. carefully and painstakingly brushed his clothes and started out for a certain place, not far distant, where for a very small sum, he could get a glass of beer and a free lunch, which would serve as his dinner. Down the dark flight he made his way, but stopped in the lower hall, by an old rickety hat-rack. His eyes fell upon an envelope, which bore his name, among the waiting mail. With pathetic eagerness, he tore it open and began to read. Suddenly his brows knit and his lips began to quiver. It was from home! By the time he had finished his letter, his lunch was forgotten, and, instead of going out, he returned to his forlorn room and seated himself by the window, with his head buried in his hands, in deep meditation.

On the following day, I returned as I had promised, but before I had time to urge him to return to the country, he told me about the letter and its meaning. He began

by saying, "Listen to me! I got folks away out in the country—miles away—good folks too! Do you get it? Well, I was the Black Sheep—I was always wild—that's how I come to be what I am. I could not stand the quiet country life, so I left. They didn't want anything to do with me and I thought they wished me everything bad. They're straight and honest, see? They plod along with just enough to live on—but they're honest. I never heard from any of them since I left, except one sister who writes, when she knows where I am."

Here he broke into a fit of weeping, which wound up in a violent coughing spell and then, between sobs, he continued, "today I got a letter from mother, who says 'Come home, my boy, come home, your father is on his death-bed and is willing to forgive you'—and I'm going home."

F-a-t-e

AGNES A. COGAN.

Afternoon clinic had begun at the Tuberculosis Dispensary. Several patients had been examined and had received their directions, when an elderly lady came slowly up the stairs, and one could see at a glance that she was not one to accept charity without a good cause.

While her face wore a kindly, sweet expression, it also showed a certain fine pride, and a self will, which the nurse realized later in her dealings with the woman.

The patient seated herself in a vacant chair near the table and the nurse proceeded to take a history of her case. In filling out the history blank it is necessary to know something about the patient's physical condition, also whether tuberculosis is hereditary. In completing the history the nurse found that the patient's father had died of typhoid fever, her mother had been bedridden for three years suffering from a complication of diseases, and two brothers had died of tuberculosis. The woman

had nursed them all faithfully until God had called them to the Great Beyond and left her, at the advanced age of seventy years, alone. She had no relatives living, and her only friend had moved away.

The woman's case was diagnosed pulmonary tuberculosis third stage, so she was sent to the Tuberculosis Day Camp. This she appreciated. She said it was the only place where she felt at rest; the camp was so clean; they furnished such good nourishing food, and it was so well cooked; and then the air, she said, was so pure and fresh, for the camp was situated on the shore of old Lake Erie.

Later it was found that all this woman had left of this world's goods was an old silver watch which her brother had given her, telling her to sell it when it became necessary, and a sewing machine, which she sold for eight dollars. A kind family had given her a room, and had told her she could stay with them as long as she wished. But fate seemed to follow, for the kind friend was taken to the hospital to undergo an operation and was compelled to remain there about six weeks. Then the friend's household goods were taken, as there were several payments due on them which could not be met. Now our dear old lady's only friend had been taken away, and she was left without a place to rest her weary head.

Through an agent of the Associated Charities, she secured a few night lodgings at the Wayfayer's Lodge.

In the meantime, the nurse found her a small room with a very nice family for three dollars a month. The money she received for the sewing machine, paid for the first two months rent in advance and the nurse assured her that after two months there would be a new supply of money—even though there is no evidence of it at present.

Two different associations are trying to secure the Rose Pension for her which would make her comfortable and happy. This woman certainly deserves it, for she is one of our most worthy and self-respecting patients. She told me that she never failed to pray fervently that God would send

her her daily needs, and that she would not have to be buried in a pauper's grave, and all that know her will surely utter the same prayer.

Her Hardest Lesson

CHRISTINE ASKELAND.

Florence was young, inexperienced and very ambitious, and did not realize that her strength would give out. She had a beautiful character, but she was headstrong, and as her parents were dead there was no one who could advise her properly. Her work she did well for whatever she undertook had her whole mind and energy. The money that had been left by her parents was not enough to give Florence a very extensive education, so she took a business course at one of the colleges, and secured a position with a firm where competent work was required.

Poor Florence did not spare herself, but worked so hard and did her work so well, that she soon became very valuable. But she was not of a disposition to be satisfied with this. After a time she started to take up several studies at night school. She went on a long time working at the office all day, and at school over her books at night. The small hours of the morning were often coming on before she would retire. Then her strength began to fail. At last she was compelled to seek medical advice. She was told she had tuberculosis, must give up work of all kinds and have complete rest. It was a heavy blow but it must be met. She was examined for entrance to Mt. Vernon, but as the Sanatorium was full had to wait some time for her turn. In the meantime she was taken to the Tent Colony.

At last the time came to go to Mt. Vernon. On arriving Florence was ordered complete rest. Oh, yes, she would like that, for she really felt tired. At 10:30 p. m. the nurse saw a light in Florence's room. "Why, Florence," she said, "you were ordered complete rest." "I am resting," replied Florence. This was true for Florence had not often

written her letters as early in the evening as this. "But, Florence, you must write no letters the first week you are here, or rather till your temperature becomes normal." Florence could not see it this way, and rested only when she was exhausted. It took a long time before she could be taught how to rest, and she had many a struggle learning this, her hardest lesson, but at last she learned and understood.

When first starting the cure Florence felt it a great waste of time—she had made so many plans for her life, and there was so much to do! But as time went on she began to see that this period of rest was as full of results as the more active period—that the calm, peaceful out-of-door life was giving her beautiful thoughts and broader sympathies, and might help to make her a better, nobler woman.

A Family from Poland

MARY KLEMA

In the spring of 1902, on board of a ship leaving Europe for America, was a young Polish married couple. They had heard of the luxuries of our great country and were coming to share them. Soon after landing they came to Cleveland where they rented a few rooms and went to housekeeping.

John soon found employment in the wire mills and Julia went out working whenever she could. Everything went along smoothly until little Bruno came, then Julia was unable to help John make money; but she was still John's helper, for being a good housekeeper they were able to save the sum of seven hundred dollars, which seemed to them a small fortune. The world looked very bright for they could soon buy that longed for home.

Then suddenly everything was changed. John's health began to fail and a physician's care was needed. The months dragged on and John was still unable to work and was getting weaker every day. As there was no income the family had to draw upon their small fortune. There were five to be provided for by this time, and the seven hundred dollars were soon gone.

Light again came to the family when they heard of the free Tuberculosis Dispensary, where so many were cared for. But, alas! the doctor found John was suffering from tuberculosis, and too far gone to be cured.

He was sent to the Tuberculosis hospital, but was too lonesome away from his family, so he returned home to have Julia take care of him. The nurse called upon the family and gave instructions, which Julia, being an apt pupil, carefully carried out.

In August John died leaving Julia to care for the three small children. They have all been examined at the dispensary and through Julia's care in carrying out the nurse's instructions fortunately no one has the dreaded disease.

The family has now moved into better quarters and is getting along fairly well, as Julia is now able to go out and work.

Contents

Wanted for baby hygiene work in eastern city, graduate English, German and Italian speaking nurses. Special training in infants-feeding and social-service desirable. Eight-hour day. Salaries, $60—$80. State training and experience.

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